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ABSTRACT

The report describes accomplishments of a study of factors affecting the education of handicapped Papago children and youth. An investigation of procedures for identification, diagnostic evaluation, and placement within the reservation public schools, the Bureau of Indian Affairs School system, and the Papago Tribe's Department of Education was conducted. Study methods included analysis of questionnaire data and interviews with service providers and parents of Head Start handicapped children; and surveys of the records of 19 randomly selected students in tribal, state, and federal school programs. Results are reported according to six project objectives regarding the following topics: (1) problems in identifying, assessing, and placing Indian children with handicaps; (2) alternative solutions to identifying and serving handicapped children with respect to the roles of agencies, teachers, and parents; (3) evaluation of screening, evaluation, and placement; (4) attitudes of parents; (5) learning preferences of children; and (6) a training model for paraprofessionals who conduct pupil assessments. Among project accomplishments described are the continuation of an effective interagency council and identification of staff needs for further inservice training, use of assessment measures accommodating for language diversity, and practice in developing Individualized Education Plans. Among extensive appendixes is a parent manual regarding special education for native American children. (CL)

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# ANALYSIS OF DETERMINANTS IMPACTING ON EDUCATIONAL SERVICES OF HANDICAPPED PAPAGO STUDENTS

Final Report

G008101607

Elizabeth Y. Sharp
Project Director

University of Arizona
College of Education

1983

Prepared under grant from the Special Education Program, Dept. of Education

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# ABSTRACT

The project entitled, "Analysis of Determinants Impacting on Educational Services of Handicapped Papago Students," addressed the following objectives:

Objective #1: To detect problems in identifying, assessing, and placing Indian children with handicaps.

Objective #2: To suggest alternative solutions to identifying and serving handicapped children with respect to the roles of agencies, teachers, and parents.

Objective #3: To determine the extent to which. . . in the perception of agency officials and teachers. . . students identified as handicapped have been properly screened, tested and assigned to special services.

Objective #4: To identify attitudes of parents toward handicapping conditions and the extent to which these attitudes influence the child's opportunity for appropriate services and the extent of the parent's participation in the child's educational development.

Objective #5: To identify learning preferences of children who have been identified as handicapped.

Objective #6: To pilot test a training model for paraprofessionals who conduct pupil assessments.

The project successfully met the objectives through the following accomplishments:

1. A review of agency procedures, case studies, and parent interviews permitted the staff to identify those factors that impact negatively on the provision of comprehensive services to handicapped children on the reservation.

2. Steps were taken to establish and solidify the continuation of an Interagency Council which holds much promise for improvements in the delivery of services to children and their parents. This action was complemented by the production of a parent manual, audio tapes, and procedural manual as additional solutions to problems of understanding and communication among parents, teachers, and agency officials.

3. The learning preferences of children were assessed in relation to the learning needs and in a manner that can be developed further by teachers and paraprofessionals who are identifying and working with handicapped children.

4. Determining the teacher's abilities to use a criterion-referenced assessment instrument clearly identified the need for a) further inservice training of personnel, b) use of formal pupil performance assessment measures that accommodate for language diversity, and c) practice in applying the knowledge gained from assessment to the development of an Individualized Education Plan for each child.

Finally, the Papago People were receptive to the work of the project staff. They are continuing to request intermittent consultation in a effort to use the data and procedures from the project in a manner that contributes to improved educational and related service opportunities for their children.

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## PURPOSE OF THE PROJECT

The purpose of this project was to conduct an indepth study of factors impacting on the education of handicapped Papago children and youth. To investigate these factors, the project director and staff studied the established procedures for identification, diagnostic evaluation and service placement within the Papago Tribe's Department of Education, the Public Schools on the reservation, and Bureau of Indian Affairs School System. The investigation sought to discover how these procedures operated from several different perspectives: (1) the viewpoint of the service providers in the education, health, and social agencies, (2) perceptions of parents of 17 randomly selected handicapped children and youth enrolled in Head Start, Indian Oasis School District and Bureau of Indian Affairs education programs, (3) an analysis of 19 randomly selected educational records of students enrolled in tribal, state and federal school programs, (4) ability of teachers and aides to assess the learning performance of young children, and (5) an analysis of learning skills as identified by a screening assessment.

## BACKGROUND OF THE PROJECT

Since the passage of P.L. 94-142, the Education of All Handicapped Children's Act, the Special Education Program (SEP) within the Department of Education has sponsored a wide range of research investigating the impact of this legislation. Little attention, however, has been given to the impact of P.L. 94-142 on handicapped Native American children.

To investigate the status of services for handicapped children and their families on a large Indian Reservation, the University of Arizona Center for Educational Research and Development selected the Papago Indian reservation.

The following background information is provided to acquaint the reader with the status of education and selected characteristics of life on the reservation.

1. Size Papago, a large reservation, is composed of 2,855,874 acres, approximately the size of Connecticut.
2. Population. According to the District Population Chart compiled in 1981 by the Papago Tribal Enrollment Office, 11,225 people live in 74 villages located in eleven districts. Table I describes the population distribution by districts and current age distributions for children and youth.

TABLE 1

| District | Population |
|---|---|
| Baboquivari | 1,745 |
| Chukut-Kuk | 1,087 |
| Gila Bend (San Lucy) | 303 |
| Gu Achi | 1,228 |
| Gu Vo | 590 |
| Hickiwan | 851 |
| Pisinemo | 799 |
| San Xavier | 1,022 |
| Sells | 1,615 |
| Shuck Toak | 829 |
| Sif Oidak | 1,156 |
| TOTAL | 11,225 |

| Ages | Reservation Population Only |
|---|---|
| 12 months and less | 219 |
| 1-4 years | 808 |
| 5-9 years | 1,083 |
| 10-14 years | 1,063 |
| 15-19 years | 1,113 |
| 20-24 years | 958 |
| Older | 5,981 |

3. Education. Census data suggest that the average educational level is below 8th grade.

4. Transportation. It is estimated that only 30% of Papago families own a vehicle. The majority of the population live in isolated villages and have no personal transportation. At present, no public transportation system exists on the reservation and the majority of roads are substandard. An all weather hard-surface road runs east and west, another runs north and south. For most of the population, all services, (including medical and educational) are not only miles away, but poor roads and lack of transportation make them quite inaccessible.
5. Economy. In 1981, it was estimated that the annual per capita income on the reservation was $1,000, a figure far below the State of Arizona average. During the past year, the impact of federal budget cuts has been devastating and, today, the Papago People are fighting for survival.

## OVERVIEW OF EDUCATION PROGRAMS SERVING HANDICAPPED PAPAGO INDIAN CHILDREN AND YOUTH

The reservation of the Papago Tribe of Arizona, like many other American Indian Reservations, has complicated, unique systems and procedures for the management of the reservation. The major agency responsible for the well-being of the Papago people is the Papago Tribal Council which governs the reservation by means of a constitution, tribal resolutions and codes. The Tribal Council also controls a number of programs that operate on tribal guidelines. However, the Papago people are United States citizens and are subject to federal laws, as well as laws of the state of Arizona.

Tribal, federal, and state regulations govern the various education programs on the reservation. For example, the Papago Deapartment of Education administers the Infant Stimulation Program and the Early Childhood/Head Start Program. These programs served a total of 318 children in 1981-1982 and were serving 293 children at the beginning of the 1982-1983 academic year. Age range of the children in these programs was between two and six years. The infant stimulation program (center based) served eight severely handicapped children who have mental retardation, severe physical handicaps, or multiple handicaps, and the Early Childhood/Head Start Program provided service to 36 handicapped children (1981-1982) including 13 with speech impairment and 23 with developmental disabilities. The Early Childhood/Head Start Program utilizes a center and home-based service delivery system. Eleven Early Childhood/Head Start Centers and the Home-Base Program had a combined staff of 46 teachers and aides (1982-1983) that provide direct services to children. A psychologist and speech pathologist hold contracts on a part-time basis to provide evaluations and offer suggestions for educational programming.

Indian Oasis School District #40 is a state public school district that serves 923 children in the Sells Elementary School (K-3), Topawa Middle School (grades 4-6), and Baboquivari Junior High and High Schools (grades 7-12). During the 1981-1982 academic year, 84 youngsters had handicapping conditions:

| | |
|---|---|
| 41 | Specific Learning Disabilitis |
| 17 | Speech Impaired |
| 8 | Trainable Mentally Retarded |
| 8 | Educable Mentally Retarded |
| 9 | Emotionally Disturbed |
| 1 | Homebound |

Five special education teachers, one speech-language pathologist, and one psychologist-counselor were employed to serve the handicapped population among the three school settings.

The Bureau of Indian Affairs (a federal program) served 755 children at two boarding schools and one day school in the reservation. During the 1981-1982 academic year, 110 youngsters had handicapping conditions:

| | |
|---|---|
| 70.5 | Specific Learning Disability |
| 15.5 | Speech Impaired |
| 10 | Multi-Handicapped |
| 9 | Emotionally Handicapped |
| 5 | Mentally Retarded |

The school system has five special education teachers and contracts for the services of a speech-language pathologist and a psychological evaluation team to serve special needs children and youth. In the next section, the objectives for this research project are summarized.

## PROJECT OBJECTIVES

The research and development objectives addressed in this project were:

Objective #1: To detect problems in identifying Indian children with handicaps. . .whether the children are in school or not in school.

Objective #2: To suggest alternative solutions to identifying handicapped children with respect to the roles of agencies, teachers, and parents. (To address the basic problems more comprehensively and to integrate the project objectives, this objective was expanded to include problems and alternative solutions in screening, evaluation, and placement for service).

Objective #3: To determine the extent to which. . .in the perception of agency officials and teachers. . .students identified as handicapped have been properly screened, tested and assigned to special services.

Objective #4: To identify attitudes of parents toward handicapping conditions and the extent to which these attitudes influence the child's opportunity for appropriate and necessary services, and also influence the extent of the parent's participation in the child's educational development.

Objective #5: To identify learning preferences of children who have been identified as handicapped.

Objective #6: (as added at the request of the Papago Tribe and approved by the project and budget officers on September 4): The development and pilot testing of a training model for paraprofessionals who conduct pupil assessments.

The results obtained in addressing each objective are presented in the next section. For purposes of this report, objectives #1 and #3 were combined because of their interrelated nature.

## PROJECT RESULTS

Objective #1: To detect problems in identifying Indian children with handicaps. . .whether the children are in school or not.

Objective #3: To determine the extent to which. . .in the perception of agency officials and teachers. . .students identified as handicapped have been properly screened, tested and assigned to special services.

These objectives were addressed by gathering questionnaire data from and interviewing service providers, analyzing a sample of records for handicapped children, and interviewing families. Project staff conducted interviews at 21 agencies, with the chief administrator and at least one staff member (see Appendix A). A total of 47 interviews and questionnaires was completed. An analysis was made of the educational records of 19 handicapped children randomly selected from the tribal, state, and federal school systems. This was approximately 10 percent of the handicapped children and youth (total finally identified = 230) on the reservation (1981-1982).

### SERVICE PROVIDERS

### Description

The programs that have primary responsibilities for providing services to handicapped children and youth are shown in Table II. In addition to the educational systems, the Indian Health Service and Tribal Executive Health Programs (Papago Psychological Services, Community Health Representatives, Papago Nutrition, Alcohol Prevention Program, and Papago Children's Home) provide health care and limited mental health care to handicapped children and youth. The Bureau of Indian Affairs and the Papago Tribe Children's Court provide social services.

## Table 2

### PROGRAMS ON THE PAPAGO RESERVATION RESPONSIBLE FOR PROVIDING SERVICES TO HANDICAPPED CHILDREN 1981-1982

| | Education | | Total Enrollment | Major Objective for Handicapped Children | Policy |
|---|---|---|---|---|---|
| 1. | Infant Stimulation Papago Tribe | 2-4 | 7 | Being developed. | Administered by the Papago Tribe BIA Policy |
| 2. | Early Childhood Head Start Papago Tribe | 3-5 | 310 | Serve all Papago preschool children. Provide services for handicapped preschool children | Tribal |
| 3. | Bureau of Indian Affairs Schools | Birth-22 | 735 | Serve 100% of the handicapped children on the reservation in compliance with PL 94-142. | Federal |
| 4. | Indian Oasis School District | 5.5-20 | 923 | Compliance with PL 94-142, following federal and state regulations. | State |
| | Health | | | | |
| 5. | Papago Psychological Services | 6-18 | | Treatment and remedial care and follow-up. Prevention: mental problems. Case management. Provide clinical psychologist and medicine men and women consultants work with the Sells Service Unit. | Tribal |
| 6. | CHR | All | | Prevention of health problems through field service. | Tribal |
| 7. | Papago Nutrition | All | | Write ojbectives for the Women, Infant, Children Program. Responsible for overall improvement of nutrition status of the Papago people through service. Reduce prevalence of obesity in preschool children. Promote breast feeding. | Tribal |
| 8. | Alcohol Prevention Program | 6-21 | 300 youth | Major goal: prevention of abuse of alcohol, drugs, and glue sniffing. | Tribal |
| 9. | Papago Children's Home | 0-18 | | Provide temporary and sometimes long term care for children and youth subjected to neglect, abuse, or alcoholic parents. | Tribal |
| 10. | Indian Health Service (IHS) | All | | Provide medical care to the Papago people through field service, prevention programs (immunization), clinics and the hospitals. | Federal |
| 11. | Community Health Nurse Program, IHS | All | | Provide entire field health nursing services. | Federal |
| | Social | | | | |
| 12. | Bureau of Indian Affairs Social Services (BIA) | 0-18 | | Provide child welfare services for neglected, abused, and delinquent children. To find emergency and long term foster Papago families on and off the reservation. | Federal |
| 13. | Papago Children's Court Papago Tribe | 0-18 | | To strengthen the family unit, minimize court proceedings, and resolve existing problems out of court. | Tribal |

Procedures for screening, evaluation, and placement for services by the three educational providers are presented in Table III. It is apparent from Table III that school personnel have attempted to comply with the regulations of P.L. 94-142. However, each of these agencies identified problems in serving handicapped children and youth on the reservation.

## Perceived Needs and Problems of Agencies

Interviews with 47 administrators and staff of agencies serving handicapped children and youth were used as the primary method of identifying needs and problems (see Appendix B). The results are outlined in Table IV and can be summarized as follows:

1. Need to develop communication and cooperative policies/procedures among the various agency programs and within programs.
2. Need to develop communication with parents for permission to evaluate children, to have parent participation in the IEP process, and in some cases, to follow through on treatment.
3. Need for more psychological services and follow through on interpretation of psychological reports in order to develop appropriate IEPs.
4. Need to shorten the lengths of time between referral, assessment and placement.
5. Need more direct services for handicapped children and youth (especially more classes and related services for emotionally disturbed children and youth).
6. Need more staff training and help in developing and implementing IEPs in the educational programs.
7. Need to follow through on recommended placement/service.

## Table 3

EDUCATIONAL ADMINISTRATORS' AND SPECIAL EDUCATION COORDINATORS' DESCRIPTION OF PROCEDURES

| | Indian Oasis District | Bureau of Indian Affairs | Early Childhood Headstart |
|---|---|---|---|
| 1) Screening | | | |
| Physicals | IHS | IHS/PHS | IHS |
| Hearing | School Personnel - health resource aid reading specialist, speech therapist | IHS/PHS | U.A. American Indian Professional Training |
| Vision | School personnel | Teacher; follow-up IHS/PHS | U.A. Medical Eye Unit |
| Psychoeducational | School Psychologist | Contract - Behavior Evaluation Specialist Teams (BEST) | Contract - Office of Indian Child Services |
| Speech | School Speech Therapist | School Speech/Language Pathologist | Contract - OICS |
| 2) When is screening done? | Within 45 days of school entry or within 60 days of referral | Scheduled basis for all students<br>Ongoing with students referred as needed | Beginning of school year - during |
| 3. Procedure for evaluating children referred from screening | Physical, Hearing, Screening } IHS<br>Psychoeducational, Speech } School personnel<br>Occasional referrals/contracts with outside sources | Student referred by teacher. Evaluated by BEST, IHS<br>IEP developed<br>IEP implemented | Children referred for medical IHS/PHS<br>Vision/Hearing -ENT clinic if fail screening<br>Teacher refers for speech<br>Staff administer articulation test.<br>Contracted services for hearing/vision with OICS |
| 4. Time interval between screening and evaluation. | Within 60 days if done by school personnel. 5 days to 2 months if by IHS. | Varies - depending on parents - try for a 30 day time frame. | 30 days |
| 5. Individuals involved in IEP process | Principal, classroom teacher and aide<br>Adaptive education teacher and aide<br>Reading Spetialist<br>Psychologist<br>Parent<br>Health personnel<br>Speech Therapist | School official<br>Agency representative<br>Psychologist<br>Classroom teacher(s)<br>Special Education teacher(s)<br>Counselor(s)<br>Speech Therapist<br>Parent/Guardian | Dr. Dan Overbeck - psychologist<br>Mary Elingsen - speech therapy<br>Kaye Dickman - OICS Handicap Specialist<br>Madeline Matthews - Handicap Coordinator<br>Teacher<br>Parent |
| 6. Time interval between evaluation and implementation of IEP | Evaluation to parent placement - about 10 days | Varies - try for 30 days | --- |
| 7. How are parents advised of rights? | Writing with oral interpretation in Papago as needed | Parents receive a copy of rights and due process procedures. Translator made available. | Personal contact. Group meeting. |
| 8. Is there a parent advocacy service? | No | Yes | Yes |
| 9. Time interval used for reevaluation of identified child. | IEP reevaluation - annually<br>Complete multi-disciplinary, including psychological every 3 years. | All reevaluated every 3 years. Shorter interval when IEP. | --- |
| 10. Services needed on reservation | Counseling<br>Mental Health Program<br>Increased health and Nutrition programs | Adequate psychological services not just testing but follow-through | Staff and parent training<br>speech therapist<br>physical therapist |

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## Table 4. Perceived Needs of Agencies

### EDUCATION

**Papago Dept. of Education**

To know BIA education standards.
Better planning process.
Getting diagnostic evaluation.
Interpretation of reports.
Follow up from therapist.
Regular direct service.
Staff training.
Procedure to force Special Education Placement.
Help with IEPs.
To improve screening, evaluation and service procedures.
A curriculum, training.
Results of hearing tests.

**Bureau of Indian Affairs**

Solutions to personal problems of mentally retarded students at boarding schools.
More residential sites for girls.
Cut bureaucracy; i.e., need glasses in Oct. get them in May.
Follow through of service.
Speech and language evaluations.
Staff training for handicapped.
Teacher evaluation, remediation.
More time of school psychologist.
Evaluations take too long.
Refer for medical, hearing and vision, takes a while for IHS to get to children.
Communication with parents.
Reduce time between evaluations and IEP conference.
Staff training.
Class for emotionally disturbed.

**Indian Oasis Schools**

Takes too long to get evaluation.
Takes too long to get service.
Facilitate staffings.
Services for emotionally disturbed.
Follow up on vision testing.
Resolve problem of getting glasses.
Need for services.
Full time counselor
Support for emotionally handicapped at boarding schools.
Shorten time between referral and placement.
Resources for drug and alcohol abuse.
More Service, P.T., O.T.
Full time psychologist.
Crisis counseling.

### HEALTH

**Papago Executive Health**

*Papago Psychological Services*
More staff.
*Community Health Representatives*
More staff.
To gear training to background of trainees.
More people in the villages to come to workshops.
*Papago Nutrition*
More time for quality education.
To make WIC Program culturally appropriate.
More staff.
To inform teams from other programs for follow through.
*Alcohol Prevention*
Communication with parents.
More staff.
More activities for young people.
Resolve problems of coping with regulations, no bending.
More training for counselors.
*Papago Children's Home*
Help with contract with the tribe.
*Disease Control*
Reduce duplication of service.

**Indian Health Service**

*Sells Hospital*
To solve problem of obtaining parent consent.
Transportation to Tucson for parents.
More efficiency in the clinics.
More nurses.
*Community Health Nurse Program*
More nurses, serve 20,000.
*Environmental Health Service*
More technicians.
Enforcement authority.
Tribe or Executive help to take action, take more responsibility for nutrition programs.

### SOCIAL SERVICES

**Bureau of Indian Affairs**

Eliminate lapses of communication between us and clients; us and other departments in the BIA; us and other agencies.
To keep up with the many manuals rules and regulations; all are changing rapidly and there are many interpretations.
Early referral before problems in families get out of hand.
To cope with foster families that don't tell the truth.
There are many agencies working with foster families, and they need to agree on common procedures.
Need more "say-so" on placement of a child with a foster family; now we can only recommend but the court makes the final decision for placement.

### PAPAGO TRIBE PROGRAMS

*Children's Court*
People need to understand the court system, procedures, and individual rights.
To educate people in the community.
*Legal Services*
To resolve the problem of BIA police making arrests without enough reason.
*CETA*
To find more job placements.
Transportation.
Resolve problems of absenteeism.
*Community and Energy Assistance*
Funding problems.

Although the major education and health agency personnel on the reservation perceived themselves as following the appropriate tribal, state, or federal policies in trying to serve handicapped children, these administrators and staff agreed that critical procedural problems existed. They cited a serious lack of communication between agencies and within agencies as one of the major problems in effecting comprehensive services for handicapped children. However, they had no collective data to demonstrate that appropriate services were not being provided. To test these perceptions and determine whether or not children were receiving appropriate services, the project staff analyzed the records of 19 handicapped children and interviewed the parents of 17 children (see Objective #6).

## Handicapped Children

The procedures for identifying, evaluating and serving handicapped children were investigated by making an indepth study of the educational records of 19 handicapped children randomly selected from the tribal, state, and federal education programs. Findings for each case are summarized below:

Case 1. A 5.7 year old child in a home-based program. The school file was incomplete, with no record of initial referral source, screening procedure, or dates on any documents. The only evaluation data were those obtained by a speech/language pathologist, and the medical record showed a history of otitis media, perforation of a tympanic membrane, "failure to thrive," and microcephaly. The IEP was limited to the area of language development, and there was no annual update. No evidence could be found that recommendations were followed and parent involvement was not documented.

Case 2. A 5.7 year old child who was screened by the classroom teacher and evalauted by a speech/language pathologist. Although hearing and vision had been screened, the results were not in the file. A complete diagnostic assessment was recommended, as well as speech therapy, physical therapy, medical services, and auditory training. There is no record of follow through on these recommendations, or parent participation.

Case 3. A 5.8 year old who had received physical, psychological, speech/language, and vision testing, but no record of hearing screening. A school based program with special education, speech therapy, and adaptive education were recommended. The school file was incomplete and lacked evidence of follow-through on these recommendations. An IEP was written only for language development and did not document services for the child or parent permission. There is no record of the child receiving any services.

Case 4. A 4.6 year old who received a psychological exam and a speech/language evaluation which indicated overall developmental delays. Complete audiological and ophthalmologic evaluations were recommended, however, there is no documentation of follow-through on these recommendations. An IEP was written for language development only. The file contains no information concerning parent permission and participation, services to be provided, and medical information was lacking.

Case 5. A 5 year old who received a physical exam and a speech/language evaluation. Both evaluations noted speech/language problems and recommended therapy. The parents expressed concern about their child's speech and had requested a speech evaluation at the time of the physical exam. There was no record of vision and hearing screening, or psychological evaluation. An IEP was written for speech/language development but there is no record that it was implemented. Parent participation in an IEP conference was not documented.

Case 6. A 9 year old who was identified through screening as needing speech/language and psychological evaluation for emotional problems, the major reason for referral. The evaluations were completed but no services were provided. There was a change of classification without supporting documentation and parent participation in the evaluation process was documented.

Case 7. A 7 year old who attended Head Start and was retained in Kindergarten. After failing a speech/language screening at the beginning of the second year in Kindergarten, a referral was made for speech/language evaluation in October, 1981. During the 1980-1981 academic year, vision screening indicated visual acuity problems requiring correction and hearing screening identified evidence of a mild hearing loss in the right ear. In November 1981, student 7 was given a speech/language evaluation which consisted of the Utah Test of Language Development and an oral mechanism test. The subject was 6.2 at the time and the Utah Test results indicated a language equivalent age of 4.9. Twice weekly group language therapy was recommended.

An IEP conference was not held until January 7, 1982. The team recommended placement in an adaptive education program emphasizing communication disorders. An IEP was developed with long range goals and short term objectives. The mother who was present at the conference, received a statement of parental rights and procedures and signed the placement form.

Services were to be initiated in January, 1982. No records of service provided, speech/language progress notes, or end of the year therapy evaluations appeared in the file. Also, there was no evidence of follow through on the previous year's hearing and vision screening results.

Case 8. A 12 year old who received vision and hearing screening and was evaluated by a hospital pediatric clinic, as well as a speech and language pathologist. The results of screening and the evaluations documented a severe hearing loss resulting from chronic otitis media. Between 1978 and 1982 there had been no follow-through on the hearing problem although several recommendations were made. In 1981, a psychological evaluation indicated slow mental development and recommended EMH placement. No record of special services was available.

Case 9. A 10.3 year old. Although the child's Kindergarten teacher requested special placement, the placement committee dropped the request after observing the child in the classroom. There is no record of vision, speech, or hearing screening.

Case 10. A 15.3 year old who, after being retained in the eight grade, was referred for evaluation in April 1981 because of failure to meet minimum standards in classes. At that time the student passed vision and hearing screening. In September, 1981, a psycho-educational evaluation included the WISC-R and Peabody Individual Achievement Test (PIAT). The results of the PIAT indicated that the student was behind five years in reading and six years in math. Full scale WISC-R IQ was 87, Verbal IQ 80, and Performance IQ 98. Placement in a Learning Disability Resource Room was recommended.

The IEP conference was held in October 1981 and parent permission for placement was obtained. An IEP was developed in the areas of math computation, reading comprehension, verbal expression with annual goals, and short term objectives. The record did not indicate when the student began in the LD Resource Room, and for how much time. There was one progress report (January, 1982) but no reports at the end of the academic year.

Case 11. A 17.2 year old who was referred for evaluation in the first grade, and subsequently placed in a resource room for educable mentally handicapped. The school records are incomplete and somewhat confusing. In February 1978, there was a change of placement for EMH to specific learning disability, and in November 1979 when the student was age 14.6, a Peabody Individual Achievement Test score indicated 3rd to 4th grade level achievement. In April 1980, the label emotionally handicapped was added to that of learning disabilities; however, there was no documentation for this. A WISC administered in January 1981, was reported as a full scale IQ of "low average rate of mental growth." The records stated that prior to 1972, the student had convulsions, had a heart problem, and had been treated by a medicine man.

Records mention only one (1980) vision and hearing screening and there was no medical information available. The family lives in a remote village and speaks Papago. The school records did not indicate whether evaluations were done in Papago or English. Documentation of parent permission for evaluation and placement was not available. The student appears to have a problem with alcohol abuse and during the 1981-1982 academic year was absent fifty days. From the available information it is difficult to determine primary handicap or what services were provided.

Case 12. A 19.5 year old who began receiving special education services ten years ago. In 1972, the student, whose primary language is Papago, was placed in a class for educable mentally handicapped children on the basis of a WISC assessment. Further evaluation in 1975 resulted in a change of classification to a specific learning disability. In addition to lacking skills in English, a mild or moderate hearing loss was identified in February 1978 and a wide gap between performance level and grade level. Unexplained seizures were noted in November 1980 and motivated a request for an EEG and a neurological evaluation. However, records do not document any follow through. The student, who graduated in June 1982, had a problem with alcohol abuse. It also appears that the student was graduated without any vocational preparation or skills.

Case 13. A 17.2 year old. The first referral for evaluation was made in 1973, however, there is no record of follow through. In December 1975, the classroom teacher made a referral because of poor academic achievement, and poor behavior, and in the spring of 1976 another referral for evaluation was made because of lack of progress. The child was evaluated in the spring of 1976 and results of the WISC-R were full scale IQ 83. Academic achievement was approximately at grade level 2.6. Recommendations included reading evaluation and practice in math. There was no documentation of IEP development, placement, or parent participation. In December 1976 the "committee" unanimously decided the child was not handicapped and did not require special education, only extra help in reading and would remain in the Title I program. In October 1977, the classroom teacher described the child's behavior as disruptive in class, verbally abusive to teachers and peers, physically abusive to peers, and engaged in behaviors that were intolerable. Another request for evalaution was made in December 1977 by both the classroom teacher and Title I teacher because of a behavior problem. Although there is no record of psychological evaluation, in January 1978 there was an IEP meeting and the committee developed an IEP focusing on academic development, but nothing for the behavior problem. The child was labeled Emotionally Handicapped without justification beyond the teachers' description of disruptive behavior. Beginning in January 1978, parent participation was well documented. The interdisciplinary committee met in March 1979, to review the IEP. Annual goals remained the same: develop reading, math and perception. The child continued to be labeled EH and poor attendance was noted. Another meeting was held in April 1980, at that time the child was age 14.11 and functioning in academics at approximately a third grade level despite low average intelligence. The IEP remained the same: raise reading and math to a fifth grade level.

The student was reevaluated in December 1980 and the WISC-R Full Scale IQ was 87. Mental growth was considered average, performance skills excellent, and reading below the third grade level. An IEP written in January 1981 remained the same, raise reading and math to a fifth grade level.

In May 1981 an adaptive education report describes the student's behavior as interferring with learning and difficult to work with in the one hour daily sessions in the resource room. Description continues noting that the student will do anything for attention, throw things, hit people and tease. However, it is confusing as the next sentence describes the student as well adjusted socially.

At that time, the studnet (CA 16) was beginning to have problems with the law, and the mother expressed concerns about drug and alcohol abuse. Current annual goals remain the same, raise reading and math to a fifth grade level.

A "review of placement" meeting took place in October 1981 and it was noted that the student had improved in "emotional" areas. However, alcohol counseling was recommended. It may be that improved behavior resulted from alcohol abuse. There is no mention of counseling. The revised IEP written in January 1982 had the same long range goals, raise reading and math to fifth grade level.

Although there had been continuing requests for evaluation because of poor behavior beginning as early as December 1975, the student's behavior was not evaluated, and there was no counseling. The records suggest that the severe behavior problems improved with increased use of alcohol. The mother expressed concern about drug and alcohol abuse and counseling was recommended in October 1981. Although the student had nearly average mental ability, academic achievement remained at approximately a 3.6 year level and it is distressing that IEP goals remained the same. The student was not evaluated adequately and never received the critical services that were needed.

Case 14. An 11.2 year old who is TMH as a result of severe meningitis when only four months old. The child was hospitalized at that time for two months, and continues to take phenobarbital daily to control seizures. The records contain very little information. Since attending Santa Rosa Boarding School (Bureau of Indian Affairs) for less than a month in 1973, the child had been at the Special Learning Center in Sells, Arizona. Notes from a psychological report in 1979 mention an interview with the mother, team observations, and the recommendation for TMH placement (without verification). There was a staffing in October, 1980, at the Special Learning Center, reevaluation in January 1981, and a brief notation of IEP review in April, 1981. The IEP long range objective was modified in February, 1982.

As the Special Learning Center was closing at the end of the 1981-1982 academic year because it lacked funds, the mother arranged for the child to attend Santa Rosa Boarding School for three days a week on a trial basis. The father expressed some concerns about this placement. Santa Rosa Boarding School "couldn't handle" the child, however, the problems of placement were not clear at the end of the school year in May 1982.

Material in the school record had no medical information, no documentation of parent participation in an IEP process, no record of vision and hearing screening, only limited information on evaluation, and unclear information about who developed the child's IEPs. No evidence of special services for the child was available.

Case 15. A 15 year old attended an off-reservation elementary school from 1975 until 1979, participating in the special education program for all but non-academic subjects.

The fifth grade teacher had made a referral for assessment in October 1979 and in November 1979 a special education resource teacher requested psychological and physical evaluations. A comprehensive psycho-educational evaluation was completed in February 1980. The WISC-R Performance IQ was 70, the Verbal IQ was 52, and the Full Scale IQ was 58. The psychologist felt the low verbal score resulted from limited English language. Academic achievement was three to four years below grade placement. It is interesting to note that the child was diagnosed as having specific learning disability, and it was recommended that the student spend maximum time in a learning disabilities program. Mild aggressive behavior also was noted. There is no information in the school file concerning a physical examination or vision and hearing screening, although the psychologist recommended an ophthalmological exam. Actual placement of the student is not clear and there was no record of the child receiving an ophthalmologic exam. The file contains documentation of guardian's participation. However, the guardian speaks Papago and there is no indication that an interpeter was present at meetings.

Case 16. A 9 year old child who was evaluated in October 1978 as result of routine screening. Test results indicated language problems, inadequate interpersonal skills and borderline mental retardation. The child failed a routine hearing screening. There is no other information concerning hearing and vision in the file. It is not clear if the child received special education services during 1978-1979.

At an IEP meeting in October 1979 which the mother attended, the team expressed disagreement with the 1978 evaluations and stated that no special education placement was needed. However, a reevaluation was recommended and the mother gave permission. After evaluation in January, 1980, an IEP meeting was held and a remedial/behavioral program was developed. Since 1980, there have been adequate IEP reviews and the child's excellent progress is recorded. It should be noted that parent participation is well documented, and the mother feels her child has received adequate service.

Case 17. A 14 year old who was evaluated in September 1977 to determine the need for special education services. There was no record of prior education in the school file. The Full Scale WISC IQ was 52, and as the child's primary language was Papago, the psychologist felt that low test scores were the result of limited English skills as well as a visual processing problem. The child was labeled learning disabled and resource room placement was recommended as well as vision and hearing screening. IEP meetings were held in January 1978 and January 1979. Placement remained the same: resource room for one hour daily and special math 45 minutes daily. The child was reevaluated in April 1980 when the CA was 12-5. The Full Scale WISC IQ was 68 and the PIAT indicated the child was achieving at a third grade level, three years below grade placement. The psychologist deferred from making a diagnostic statement until the child's language development had been evaluated in both English and Papago. In May 1980 a speech pathologist evaluated the child's language development in English by administering the ITPA and the PPVT in English. Speech and language therapy were recommended as well as additional testing. The child was reevaluated in May 1981 and the speech pathologist recommended that speech and language therapy be discontinued.

There was an IEP review meeting in October 1981. The child was in the eighth grade and achieving at approximately a fourth grade level. Resource room and regular classroom placement were recommended. There were no progress reports for the academic year of 1981-1982. When interviewed student 17's mother and grandmother, both Papago speaking, said that nothing had been done for the child, only school physicals. Review of school records indicate that neither the mother nor grandmother was present at most meetings. Most documents were signed by one of the family members. Family denial of participation at school may indicate lack of understanding of the special education process as well as possible lack of advocacy on the part of the school. Papago is the primary language of the home, however, there is no record that an interpreter was present at school meetings.

In summary, student 17 has been receiving special education services since 1977. However, the school file contains few progress reports and the gap between grade level and achievement had increased to four years. The child, who is Papago speaking, was evaluated in English and there is no record of vision and hearing being screened although the request was made twice. Because evaluation is not adequate, it is difficult to determine the efficacy of the child's education program.

Case 18. A 14.8 year old who was evaluated in August 1977 to determine eligibility for special education placement. The result of the Full Scale WISC-R was an IQ of 55. The child was described as having characteristics of Down's Syndrome, including drooling, unclear speech, and gross motor difficulties. Both the psychologist and the speech pathologist requested complete audiologic and ophthalmologic examinations, as well as an orthodontic evaluation. It was noted that the child's primary language was Papago. The psychologist deferred making a diagnostic statement until sensory examinations were made. Eight months later in March 1978, there was an IEP meeting and parents were notified but declined to attend. Again, opthalmologic, audiologic and orthodontic evaluations were requested, however, there is no documentation of follow through. The child was labeled multi-handicapped (EMH and speech) and was to participate in the full academic program of the regular classroom, attend a resource room, and receive speech therapy. No copy of the IEP was available.

An annual IEP review was held in March 1979. The parents were present and the procedures were translated in Papago. The committee recommended placement in an LD resource room, extensive speech therapy when available, and help with math. There was some question of program appropriateness for a child labeled EMH and speech handicapped. Again, audiologic and orthodontic evaluation were recommended, and again there is no documentation of follow through. In April 1980, there was another IEP review. The parents were present and when asked about the child's hearing, the father mentioned the possibility of an operation. This is the extent of available information concerning a hearing problem. Parents gave permission for another psychological evaluation which was completed in September 1980 when the child was age 12.7. The Full Scale WISC-R IQ was 69, and the child was functioning approximately 3½ years below grade level. The diagnostic statement was changed from EMH to learning disabled. It was recommended that the child continue in the resource room. There is no copy of the IEP available. Again, audiologic and ophthalmologic evaluations were recommended but there is no documentation of any action being taken.

An annual IEP meeting was held in January, 1981, and was shared with the parents in writing. The gap of approximately 3½ years between grade level and performance remained and the child's education program remained the same as the previous year. At the January 1982 annual IEP review meeting, parents signed a placement form. It was recommended that the child participate in the regular classroom, going to the resource room daily for one hour, and have "speech-language program" twice a week.

This child never received the audiologic, ophthalmologic and orthodontic evaluations as requested at least three times. School records contained no information about prior education, no medical information although the child was described as having Downs Syndrome characteristics. The child was labeled EMH and speech impaired and placed in an LD resource room. The education program remained approximately the same between 1978 and 1982, as did the gap between grade level and performance. It would appear that this child was not adequately evaluated and did not receive the services that were needed.

Case 19. A 12.6 year old who received speech therapy and remedial instruction during kindergarten and first grade in an off-reservation school. Referral for psychoeducational evaluation was the result of a school wide screening procedure. The evaluation was completed in August 1977 by an off-reservation psychologist. The WISC Verbal IQ was 70, the Performance IQ was 91, and the Full Scale IQ was 79. The child was age 6.4 at the time and obtained a mental age of 6.6 on the PPVT. The psychologist noted average academic potential, a slight articulation problem, impaired fine-motor coordination, and a discrepancy of a "severe nature" between academic achievement and estimated learning potential. The child was classified learning disabled and special education was recommended as well as a speech and language evaluation, and an audiometric assessment. There is no documentation of follow through on these recommendations in the available records. At a February, 1978, IEP meeting the placement recommendation was for full-time LD class when it became available. The child began attending a resource room 1/6 of the time.

The child was evaluated at an ENT clinic in April, 1978, and was diagnosed as having chronic serous otitis media (Type B tympanogram) and a mild bilateral hearing loss. The available school records contain no information on follow-up or treatment. Vision screening indicated normal vision.

The records contain information on annual IEP review meetings, and a re-evaluation in August, 1980. Parent participation is documented. The child's IEPs had little change. Reevaluation results were approximately the same. However, the gap between academic potential and achievement increased and there is no record of the child's speech and language being evaluated even though the request was made annually.

When interviewed in June, 1982, the parents expressed concern about their child's education and did not feel their child was receiving all the special services and treatment needed. There was no information available concerning: (1) treatment for chronic otitis media, (2) on going assessment of the bilateral hearing loss, and (3) speech and language evaluation.

Table 5 presents the time intervals between identification (screening) and follow-up evaluation, between evaluation and placement, and between a second evaluation and placement. The data indicate that 5 children received diagnostic assessments within 60 days of being identified through screening; 7 within 90 or more days; and 7 who never received the comprehensive evaluations that were needed. Three of the children were not placed in special education within 90 days of diagnostic determination of their needs, and 9 had no evidence of placement. When these 9 children were re-evaluated, only four ever received the services recommended. Further analysis of the 19 school files used for case studies revealed:

1. The files of the children tend to be incomplete. Apparently children change schools within a system and between systems frequently and their records are not automatically transferred.
2. No system is used to ensure that all evaluations needed on children are completed. This is especially true when vision, hearing, speech and language, vocational, or medical evaluations are required.
3. No system is used to ensure proper placement after evaluation. In too many cases, evaluation represented the terminal action taken for children with handicaps.
4. All IEPs were incomplete.
5. For three cases, a change of classification was made without re-evaluation.
6. Evidence of parent participation and approval for evalaution and placement was missing in 15 of 19 cases.
7. Placements for children diagnosed as being emotionally disturbed are extremely limited.
8. Screening and evaluation of vision, hearing, speech, and language is inconsistently available to children on the reservation.

## TABLE 5

## CASE STUDIES: SUMMARY OF TIME INTERVALS BETWEEN IDENTIFICATION EVALUATION AND PLACEMENT OF HANDICAPPED PAPAGO CHILDREN

### Time Between Identification and Evaluation

| Days | Children (N=19) |
|---|---|
| < 30 | 3 |
| 30 | 1 |
| 60 | 1 |
| 90 | 3 |
| > 90 | 4 |
| Evaluation Not Completed | 7 |

### Time Between First Evaluation and Placement

| Days | 1st Eval. (N=19) |
|---|---|
| < 30 | 1 |
| 30 | 5 |
| 60 | 0 |
| 90 | 1 |
| > 90 | 3 |
| No documentation of children receiving services after first evaluation | 9 |

### Time Between Second Evaluation and Placement

| Days | 2nd Eval. (N=19) |
|---|---|
| < 30 | 1 |
| 30 | 1 |
| 60 | 0 |
| 90 | 0 |
| > 90 | 2 |
| No documentation of children receiving service after second evaluation | 5 |

NOTE: Does not include summer months

9. The failure to date actions and materials made it difficult to determine when the various services were provided for 13 of the 19 cases.
10. Test scores for five of the children indicated mental retardation but the children were placed in a learning disabilities program.

## CONCLUSION

The case studies appear to confirm the perceptions of agency personnel that new systems are needed to ensure a continuum or continuity of service that can be provided cooperatively through the appropriate governmental agencies.

Objective #2: To suggest alternative solutions to identifying handicapped children with respect to the roles of agencies, teachers, and parents might assume. (Because of the recent crisis situation in special education on the reservation, this objective was expanded to address basic problems involved in identifying and serving children with handicaps).

Data amassed in completing Objectives 1 and 4 appeared to identify three major variables that impacted negatively on the education of handicapped children and youth on the reservation. These were: (1) fragmentated, uncoordinated services among and within agency programs, (2) lack of parental knowledge for the special education and related service process, and (3) the inability of the Early Childhood Head Start Programs conducted by the Papago Tribe to implement the procedures necessary to comply with P.L. 94-142. These variables and proposed solutions are discussed in the following section.

## Service Systems for Handicapped Children

The major negative variable impacting on the education of handicapped children and youth on the reservation involves the lack of coordination between and within education and health delivery systems. Three education systems and two helath systems operate independently under different regulations and procedures. Limited coordination results in service fragmentation, duplication, and frequently no service to some children with handicapping conditions. Many of the different agency officials were aware of problems in their own service delivery system but they did not have information about the problems experienced by other agencies until the data from this project were shared.

After discussing alternative solutions to the various problems with agency representatives, the director of the Papago Department of Education, Mr. Ray Ramirez, agreed to help the project staff in establishing an interagency steering committee to address the problems of providing appropriate coordinated services. Initial members of this committee were representatives from the following agencies: Early Childhood Head Start, Indian Oasis School District, Bureau of Indian Affairs School System, and the Indian Health Service. At their first meeting (April, 1982), the project director presented a rationale for interagency coordination and the committee discussed possible barriers in the coordination of agency services on the reservation. The steering committee decided to form an interagency council (see Appendix C) and to hold monthly meetings to take advantage of the research staff's availability and data.

The Interagency Council met monthly with the exception of July when many school personnel were on vacation. The project director served as a facilitator at these meetings which used a format developed in 1979 by Brian McNulty of the Colorado Department of Education. Needs of individual agencies were identified and solutions to problems in agency coordination were developed. The needs and problems addressed included:

1. Developing communication between agencies
2. Definitions of handicapping conditions
3. Joint funding possibilities
4. Linkage systems for delivering services
5. Sharing personnel
6. Developing joint inservice training
7. Developing common formats for diagnostic reports to facilitate information exchange when children transfer from one school system or health agency to another.
8. Maintaining of confidentiality when information must be used by several agencies
9. Maximizing the human elements in delivering service
10. Serving severely handicapped children in remote villages
11. Elimination of duplicated services
12. Developing new methods to inform and involve parents

The Interagency Council members agreed that one major problem in effecting comprehensive services involved the lack of information among parents regarding handicapping conditions, identification of appropriate service providers, and procedures to be followed under Public Law 94-142. They also agreed that some agency personnel did not have this information. Data from the research project also corroborated this observation by council members (see parent interview data under Objective #4).

The Interagency Council asked the project staff to assist them in developing two new approaches to communicating with parents: preparation of a parent manual and production of audio tapes (in English and in Papago). The manuals would be disseminated by mail or handed out to parents at meetings and the audio tapes would be played on the reservation's radio broadcasts and at group instructional meetings.

Because most families on the reservation live in isolated villages and many on the western half of the reservation speak only Papago, they had not received information concerning handicapping conditions; the procedures of screening, evaluation, and service; or explanations of their rights to service in simplified language and with difficult terms defined.

According to the directors of the tribal education and health programs, many parents of handicapped children have been reluctant to contact agency officials because they fear their child will be taken away from them and placed into an institution or boarding school as happened so frequently in the past. In addition, many parents simply do not know that services are available for their child. For this reason, the availability of a parent manual and tapes should have a positive impact in getting children and parents to proper service centers.

## PARENT MANUAL AND TAPES

The project staff wrote a manual, "Special Education for Native American Children: A Parent Manual (Appendix D) which was designed to meet the above criteria. Major points of the information in the manual were taped (60 minute cassette tape) in English for parents whose primary language is English and in Papago for parents whose primary language is Papago. The manual and tapes are being duplicated and disseminated by the following agencies:

1. Early Childhood-Head Start-Infant Stimulation
2. The Papago Department of Education
3. Bureau of Indian Affairs
4. Indian Oasis School District
5. Indian Health Service
6. Arizona Office of Indian Child Services

Also, the project staff had observed, and the Interagency Council members agreed, that some of the Early Childhood-Head Start Program teachers and paraprofessional staff experienced difficulty in understanding that services for handicapped children were mandated by federal law. This put the program in jeopardy of noncompliance. For example, in May of 1981, the research staff discovered that no evaluation or IEPs were available for preschool handicapped children because their teachers did not feel it was important. Consequently, little data on these children were available.

Project staff were asked to prepare a section on the education of handicapped children for the Early Childhood/Head Start Staff Manual. The section was written and is called, "Implementing the Handicapped Child's Educational Program"

## Permanent Structure for the Interagency Council

In September, 1982, the project director met with Mr. Ramirez to discuss the procedures of the Interagency Council and data from this research study which documented the need for the Interagency Council to have a formal place in tribal structure. Following this discussion, a resolution requesting the formal establishment of the Interagency Council was developed to present to the Papago Tribal Council. When passed by the Tribal Council, the resolution becomes law and would require participation of all agencies providing service for handicapped children.

The research project terminated in November, 1982, and the Interagency Council was continuing to work on the development of solutions to the identified needs and problems.

## Summary of Objective #2

In summary, data collected by the project in relation to current procedures for identifying, evaluating and serving handicapped Papago children and youth resulted in three strategies leading to improvement. First, establishment of an interagency council to coordinate services for handicapped children. Second, the development of a manual for parents of handicapped children and youth and the recording of major sections of the manual on audio tape in both Papago and English. Both are being disseminated by the major health and education agencies. Third, a chapter on services for handicapped children was written for the Early Childhood/Head Start staff manual. The fact that these programs have not been providing comprehensive services for handicapped children has had a negative impact on the education of handicapped children because many are not identified until they have met with academic failure.

The implementation of these three strategies may contribute to the knowledge base for finding, evaluating, and implementing special education programs for handicapped Papago children and youth.

Objective #4: To identify attitudes of parents toward handicapping conditions and the extent to which these attitudes influence the child's opportunity for appropriate and necessary services, and also influence the extent of the parent's participation in the child's educational development.

As indicated in the September, 1981 negotiated revision for this project, the staff had been informed by Papago officials that the parent interviews could not be formal attitudinal studies. From an historical point of view, it was considered unrealistic and culturally inappropriate for non-Indians to attempt formal interviews with Papago parents of handicapped children.

## RELATED VARIABLES

Researchers must consider the distribution of inhabitants on the reservation and its relationship to life style and the languages spoken. The majority of residents who live in Sells (the largest town on the reservation), the city of Casa Grande, and the San Xavier District near Tucson speak English and have a life style similar to that of the dominant society. On the other hand, the majority of residents who live in villages and along the Mexican border speak Papago and have a more traditional lifestyle than those who live close to urban communities. Most of the inhabitants on the reservation live in small, isolated villages, and speak in a "village specific dialect." These numerous dialects must be understood by the researcher or an interpreter as a prerequisite to successful communication. Further, any investigator must know the cultural influences and gain acceptance by the persons to be interviewed. Direct questioning of traditional families is culturally inappropriate.

## PARENT INTERVIEWS

In an attempt to obtain knowledge of how parents of handicapped children perceive their children's handicap and become involved in the procedures that lead to service, a bilingual Papago CETA worker with Head Start was employed to collect these data. Ms. Lorraine Lewis, who speaks several dialects of the Papago language, was hired to visit with parents of the 19 handicapped children whose educational records were studied by project staff (Objectives 1 and 3). A Parent Interview Form (Appendix E) was developed with questions on screening, evaluation, service, and Individual Education Program (IEP) development.

Ms. Lewis visited all 19 families. In two cases, even though she explained in Papago what she wanted to talk about and told the families she would be willing to return at a later time, these families would not discuss their children.

Table 6 presents responses that showed a significant difference between those of parents who lived in villages (N=12) and parents who lived in or near an urban community (N=5).

Ms. Lewis indicated that all of the parents interviewed had received some information about P.L. 94-142. However, the parents of handicapped children living in the remote villages generally did not understand special education and handicapping conditions as defined by the federal or state government; were not fully aware of services their children were receiving, frequently realized that services were available but were suspicious of the process, and did not seem to realize their rights in regard to services. Additionally, data from the case studies do not corroborate the answers from the urban parents in regard to the services provided or the receipt of an IEP. As indicated earlier, some of the children did not receive the services recommended, and they did not have fully developed IEPs, even though the parents expressed satisfaction with these components of programming for their children.

Table 6. Parent Interview Responses

| | Villages: n = 12 | | | | Urban: n =5 | |
|---|---|---|---|---|---|---|
| | NO | % | YES | % | YES | % |
| Did your child receive service? | 7 | 58 | 5 | 42 | 5 | 100 |
| *Was the treatment adequate? | 8 | 73 | 3 | 27 | 5 | 100 |
| *Has the treatment been followed through? | 5 | 56 | 4 | 44 | 5 | 100 |
| *Did you feel comfortable expressing your opinions and ideas at the IEP conferences? | 8 | 80 | 2 | 20 | 5 | 100 |
| *Do you think that all the special education and related services needed by your child were included in the IEP? | 7 | 70 | 3 | 30 | 5 | 100 |
| *Do you routinely receive a copy of the IEP developed for your child? | 8 | 80 | 2 | 20 | 5 | 100 |

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*Not all parents interviewed who live in villages answered this question

Interagency Council members suggested to the project staff that if parents of handicapped children in the villages understood the procedures of screening, evaluation and service (and their rights), they would become more involved in their child's education in a supportive way. It appears that this lack of knowledge and understanding of handicapping conditions and the procedures involved in screening, evaluation, and service has negatively impacted on the education of handicapped children on the reservation.

Objective #5: To identify learning preferences of children who have been identified as handicapped.

NOTE: From the time this project was written to the time when it was funded, dramatic changes occured among school programs on the reservation, thus necessitating changes in the procedures that had been proposed to meet this objective.

Background:

Reduced federal and state financial assistance for education during the 1980-1981 and 1981-1982 fiscal years exacerbated the already existing problems of overcrowded schools, lack of related services for handicapped children, and minimal psychological-counseling services. The Bureau of Indian Affairs (BIA) plans to close eight of its 11 remaining boarding schools in the county by 1985. The following reductions have been made in reservation education systems:[1]

1. In 1980, the BIA closed Stewart Indian School near Carson City, Nevada, returning 227 Papago students to already overcrowded BIA schools on the reservation.

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[1] Comprehensive Education Plan for the Oiodham Tribe, January, 1982.

2. In 1980-1981 the budget of Santa Rosa Boarding School (BIA), which served 460 children, was reduced from $2,000,000 to $1,370,000, and in 1982 it was reduced to less than $1,000,000. The school lost 18 positions and eliminated many extra-curricular programs.
3. In 1980-1981 San Simon School (BIA) which served 270 children cut back remedial programs, special education programs, and Title VII bilingual education programs.
4. In 1980-1981 Indian Oasis School district which served 923 children, had to cut 20 staff positions, cancel some elective courses, increase the student-teacher ratio, and remove six of 14 administrative positions.

The overcrowded schools and budget cuts appear to have had a devastating affect on the students, causing overwhelming social problems. For example, the suicide rate among Indian youth has increased to four times that of the national population.[2]

The school superintendent and the director of special education who originally approved this research project were no longer employed by the district at the time of its implementation. Also, the over-crowded conditions made it inappropriate to request the necessary release time for teachers at each educational level. Finally, the Papago Tribal Council had taken a much stronger position in determining what constituted appropriate research efforts on the reservation. The Papago Tribe has total control over the combined Early Childhood/Head Start and Infant Stimulation Programs and has begun to focus special efforts on the education of young children in attempting to prepare them adequately for schools operated and controlled by the dominant society. As a result of new agreements that had to be made at the time of project implementation, this objective dealt only with the preschool population.

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[2] Toubheh, Jamel. Deputy Director, Communications Disorders Unit, Indian Health Service, Albuquerque, New Mexico, March 1979.

Rationale for Instrument Change. At the time the proposal was written, it was proposed to use the Hill Model of Cognitive Style Mapping. Considerable adaptations in the instrument would have been required before it could be considered appropriate for use with Papago children and their teachers, especially at the preschool level. For example, in the initial workshop with teachers, the project staff determined that:

a. the knowledge required for appropriate administration and interpretation of the Hill Model was far too sophisticated to be taught in the release time available to most teachers participating in the project. (Many of the teachers did not know how to determine chronological age).

b. budget cuts in reservation education programs have had a drastic impact on school personnel. There are fewer teachers and aides. Therefore, teachers just did not have enough release time available for learning a complicated activity that required adaptation.

c. at least 5 items on the inventory, according to the teachers, could not be administered without significant modification, and, thereby, the high probability of test invalidation without restandardization.

d. coefficients of inter-user reliability, even with the more knowledgable teachers, could not be established at an acceptable criterion level (better than .80).

e. the teachers expressed a need for some inventory that they could use in the classroom to acquire at least a cursory understanding of child behavior in at least two critical areas: 1) self-help learning and 2) language learning. Previous research on the reservation (Kirk and Sharp, 1977) had demonstrated that Indian children tended to prefer and perform best on visual learning tasks. Only recently have teachers and parents placed a higher premium on language performance (in English).

f. to implement the research, we had to assure the Papago officials that we would teach the teachers how to use measures that would generate data for child development and learning performance -- measures that could be used practically after the research project had been terminated.

g. it would be necessary to have an instrument that could be administered in the Papago Language to many children.

Consequently, an instrument used previously on other Indian reservations was selected for use in this project. The Assessment by Behavior Rating (ABR) (Appendix F) was selected for the following reasons:

a. its use and interpretation could be taught to both certified teachers and paraprofessionals, although most preschool employers are paraprofessionals.

b. assessment of physical skills, self-help skills, and language skills more clearly met the expressed needs of teachers and the staff's judgement of needs for information on children (both handicapped and at risk children nonidentified as handicapped on the reservation).

c. results of this testing would help to confirm the child's previously adjudged need for special education and would complement other objectives of the project that were attempting to determine whether or not children were being identified and placed appropriately.

d. results of the testing could be applied by teachers directly to remedial plans and methods.

e. pre- and post-testing would generate data on achievement gains (or losses) over each 4-6 month interval. Also learning perference can be inferred from subtest results.

Research Testing Procedures. The Assessment by Behavior Rating (ABR) was developed in 1972 for use by early childhood programs on Indian Reservations where various tribes speak different languages. The first edition was used on eleven Arizona Reservations in 1973. An item analysis was completed during spring of 1974 and in 1977, a validity study was completed.

The ABR is a criterion-referenced instrument based on normative assessment. Baseline information is provided in four areas of growth and development: physical, self-help, language, and social. The language section has its theoretical foundation in Samuel A. Kirk's model of the communication process.

The ABR can be used in the following ways:

1. It can be used as a screening instrument. The ABR identifies those children with deficits in growth and development large enough to require detailed assessment in order to develop individual remedial programs.

2. It can be used as an assessment instrument by staff who have a good background of the sequential patterns of development of physical skills, self-help skills, language skills, and social skills.
3. It can be used to group children by ability level. It provides the teacher with the developmental ages for each child in physical skills, self-help skills, language skills and social skills.

## DESCRIPTION OF TEST ADMINISTRATION

| | |
|---|---|
| January 1982 | A sample of 56 children were tested to permit the investigators to assess user reliability. |
| May 1982 | The ABR was completed on 102 children in five Head Start Centers with 23 being identified as handicapped. |
| October 1982 | The ABR was completed on 277 children in eleven Head Start Early Childhood Centers with 91 identified as handicapped. |

## ANALYSIS OF TEST RESULTS

Following the Spring 1982 testing, 12 items in the language section of the ABR were analized to determine if handicapped children (N=23) preferred learning by means of the auditory-verbal channel or the visual-motor channel. A Chi Square was conducted on pupil performance scores across all centers (5) to determine learning modes for the 23 children. The data are summarized below:

TABLE 7. Learning Mode Preference (Spring 1982 Testing)

| Learning Mode Preference | #Item Pairs | Percentage |
|---|---|---|
| VISUAL Preference | 71 | 22 |
| AUDITORY Preference | 62 | 20 |
| Neither Preferred | 185 | 58* |

*p <.01

The Chi Square for the data ($X^2 = 88.73$) shows that significantly more pupils ($p < .01$) prefer using both the visual and auditory learning modes than one mode over the other.

Further analyses were completed to determine learning mode preference by Center. A summary of these data are presented below:

TABLE 8. Learning Mode Preference by Center (Spring, 1982)

| Center | $X^2$ | Significance Level |
|---|---|---|
| Pisinemo | 101.2 | .01 |
| Vaya Chin | 18.0 | .01 |
| Santa Rosa | 1.4 | NS |
| San Xavier | 3.11 | NS |
| Chui Chu | 5.26 | NS |
| Group | 93.27 | .01 |

The results were significant ($p < .01$) at the Pisinemo and Vaya Chin Centers indicating that the pupils demonstrated no preference in learning mode. That is, the majority of children at these centers used both auditory and visual learning mode rather than using one or the other more often. At the remaining three centers the nonsignificant results indicated that the students divided about evenly in their preference. Some prefer an auditory mode, some prefer a visual mode and some use both.

Data were collected from the Head Start Centers and Home Start Programs (11 Centers) during the October, 1982, testing. These data were analyzed to determine the learning mode preference for the 91 pupils identified as handicapped. Results for the group are as follows:

TABLE 9. Learning Mode Preference (Fall, 1982 Testing)

| Learning Mode Preference | #Item Pairs | Percentage |
|---|---|---|
| VISUAL Preference | 425 | 27.7 |
| AUDITORY Preference | 376 | 24.6 |
| Neither Preferred | 729 | 47.6 |

$X^2 = 143.4$, $p < .01$

Data on learning mode preference by center (11) are summarized below:

TABLE 10. Learning Mode Preference by Center (Fall, 1982)

| Center | $X^2$ | Significance Level |
|---|---|---|
| Sells | 33.8 | $p < .01$ |
| Sells HS | 12.5 | $p < .01$ |
| Santa Rosa | 1.33 | NS* |
| San Xavier | 18.37 | $p < .01$ |
| Vaya Chin | 9.92 | $p < .01$ |
| Gu Achi | .64 | NS* |
| Baboquivari | 1.00 | NS* |
| Pisinemo | 36.16 | $p < .01$ |
| San Lucy | 17.55 | $p < .01$ |
| Chui Chu | 43.45 | $p < .01$ |
| Schuk Toak | 3.12 | NS* |

*There is no significant difference between learning mode prefered

When the 12 language test items of all 91 children identified as handicapped were analyzed by center placement to determine learning preference, the data show that no preference was significant ($p < .01$). This is the same as the May 1982 results.

Objective #6: (as added in the revised plan per request of the Papago Tribe and approved in negotiation discussions with project officers on September 4, 1981): The development and pilot testing of a training model for pupil testing by paraprofessionals.

In January 1982, ABR test results completed on a sample of 56 children and follow-up discussions with the staff indicated that staff training was necessary for accurage administration, interpretation, and functional use of test results.

## Training Spring 1982

A one day workshop on the administration, scoring and interpretation of the ABR was conducted in Sells. The training procedure was lecture and demonstration.

The staff were grouped by center to enable them to work together when they returned to their individual centers. Of the 19 total staff members from five centers, 9 could be released to attend the training session. Results of this training are discussed in the Evaluation Section.

## Training Fall 1982

A one day workshop on the administration, scoring and interpretation of the ABR was conducted in Sells. The training procedure was demonstration and participation. Again, staff were grouped by center for training and were asked to bring previous test materials for analysis and interpretation. During this training session all staff members from the eleven centers were trained (N=46). Thirty-two of these staff members were new teachers. Five of the 46 staff members administered the ABR in the Spring, but had not been trained. The remaining nine teachers were present at the Spring and Fall training sessions(see results in the following section).

## Evaluation

The Spring 1982 administration and scoring of the ABR, and the Fall 1982 administration and scoring of the ABR were compared to determine if training had been effective. The following tables present the data in terms of trained and untrained staff in relation to types of errors made and number of error free tests. Errors in scoring were classified as follows: Chronological age (error in calculation), developmental age (error in calculation), item not administered, section not administered, entire assessment not administered, color coding not used in scoring, profile error (error in graph). Table 11shows the types of errors found within each center after the Spring 1982 training. Data are presented for teachers who were trained and for teachers who were not trained. Table 12 shows the types of errors found by the centers after the Fall 1982 training. Data are presented for three levels of training experience: new teachers trained in the Fall

TABLE 11. Number of Tests Within Each Category of Error (after Spring Training)

| Center | Type of Training | Chronological Age | Developmental Age | Item Not Administered | Section Not Administered | Assessment Not Administered | Color Coding Not Used | Profile Error | Total Number of Tests Given |
|---|---|---|---|---|---|---|---|---|---|
| | | Types of Errors | | | | | | | |
| SAN XAVIER | Trained | 12 | 0 | 4 | 2 | 6 | 0 | 0 | 21 |
| | Not Trained | 12 | 3 | 6 | 0 | 1 | 0 | 0 | 14 |
| VAYA CHIN | Trained | 15 | 9 | 13 | 9 | 5 | 6 | 11 | 18 |
| | Not Trained | 1 | 1 | 3 | 2 | 2 | 3 | 2 | 5 |
| CHUI CHU | Trained | 2 | 2 | 1 | 0 | 2 | 0 | 0 | 7 |
| | Not Trained | 1 | 2 | 0 | 0 | 2 | 7 | 1 | 13 |
| SANTA ROSA | Trained | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Not Trained | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 6 |
| PISINEMO | Trained | 0 | 0 | 8 | 0 | 0 | 0 | 2 | 9 |
| | Not Trained | 0 | 0 | 8 | 0 | 0 | 2 | 1 | 9 |

TABLE 12. Number of Tests Within Each Category of Error (after Fall Training)

| Center | Type of Training | Chronological Age | Developmental Age | Item Not Administered | Section Not Administered | Assessment Not Administered | Color Coding Not Used | Profile Error | Total Number of Tests Given |
|---|---|---|---|---|---|---|---|---|---|
| SELLS | Trained Fall | 4 | 13 | 10 | 0 | 1 | 0 | 0 | 63 |
|  | Not Trained Spring Trained Fall | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| SELLS HOMESTART | Trained Fall | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| SANTA ROSA | Trained Spring and Fall | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 24 |
| SAN XAVIER | Trained Spring and Fall | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 30 |
|  | Not Trained Spring Trained Fall | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| GU ACHI | Not Trained Spring Trained Fall | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 18 |
| BABOQUIVARI | Not Trained Fall Trained Fall | 0 | 7 | 0 | 5 | 0 | 0 | 0 | 17 |
| PISINEMO | Trained Spring and Fall | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 12 |
|  | Trained Fall | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 11 |
| SAN LUCY | Trained Fall | 0 | 4 | 1 | 1 | 0 | 0 | 0 | 12 |
| CHUI CHU | Trained Spring and Fall | 6 | 8 | 0 | 0 | 0 | 0 | 0 | 17 |
|  | Not Trained Spring Trained Fall | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 20 |
| SCHUK TOAK | Not Trained Spring Trained Fall | 9 | 3 | 0 | 0 | 0 | 0 | 0 | 16 |
| GUNO | Not Trained Spring Trained Fall | 5 | 6 | 5 | 0 | 0 | 0 | 0 | 20 |

1982 only, teachers trained in both the Spring 1982 and Fall 1982 and teachers who administered tests as untrained examiners in Spring 1982 but received training in the Fall 1982. Table 13 summarizes the data for the number of error free tests across training groups.

Table 13. Analysis of Error Free Tests

| | Error free tests divided by total number of tests | Percent of tests that were error free |
|---|---|---|
| Trained Spring 1982 | 12/55 | 22% |
| Not trained Spring 1982 | 13/47 | 28% |
| New teachers trained Fall 1982 | 51/104 | 49% |
| Not trained Spring 1982, but trained Fall 1982 | 48/114 | 42% |
| Trained Spring 1982 and Fall 1982 | 33/59 | 56% |

## Discussion

Analysis of the data indicated that the Spring 1982 training was not adequate as there was little difference in the number of error free tests completed by trained staff (12/55 or 22% of the examiners) and untrained staff (13/47 or 28%). Major errors were in computation of chronological age and developmental age, completing all items in each section, using color coding in scoring, and completing profiles. It was evident that in addition to inadequate training or learning, the ABR Manual needed some revision. The project director met with the Early Childhood/Head Start Handicapped Coordinator in June 1982 to determine necessary changes, and these were made in July 1982 (Appendix H).

Analysis of the Spring 1982 and Fall 1982 ABR test data indicated that staff trained in both April 1982 and September 1982 were those who administered the most error free tests (33/59 or 56%). This can be compared to 42% error free tests for those with no training in the Spring but Fall training and 49% error free tests for new teachers who were trained in the Fall. It is difficult to determine how much experience influences adminstration of error free tests. It appears that the most successful training approach includes lecture, demonstration and participation.

The next set of 3 tables (Tables 14,15,16) presents decriptive data on the percentage of children scoring at each developmental level using their Total Physical Development score (TPD), their Total Self Help score (TSH), and their Total Language Development (TLD). These data are reported for the Fall 1982 testing only because the examiner performance in the Spring 1982 was considered unrealiable.

The descriptive data provided in these tables seem to indicate that the developmental level given to each child across age and skill areas (derived from total test scores) is independent of teacher training. That is, if the majority of four to the five year olds (Total Self Help) score placed them at a developmental level of 5 as found by new teachers trained in the Fall 1982 only, this was also usually found by teachers trained in Spring 1982 and Fall 1982 and teachers not trained in Spring 1982 but trained in the Fall 1982. An exception may be for the 25-35 month old group. The reason for the discrepancy in this age group is due to the fact that in two of the three cases, only one child was tested. With small N's, comparing data across variables becomes less reliable and therefore more difficult.

TABLE 14. Percentage of Children Scoring at Each Developmental Level Across Areas of Development (Teachers Trained in Spring 1982 and Fall 1982)

| | AGE/SKILL COMPONENT | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Developmental Level | 24 - 35 mos. | | | 36 - 47 mos. | | | 48 - 59 mos. | | | 60 - 71 mos. | | |
| | TPD | TSH | TLD | TPD | TSH | TLD | TPD | TSH | TLD | TPD | TSH | TLD |
| 2 | 100% | 0 | 0 | 48 | 4 | 0 | 7 | 0 | 7 | 0 | 0 | 0 |
| 3 | 0 | 0 | 100 | 37 | 4 | 38 | 21 | 0 | 14 | 0 | 0 | 0 |
| 4 | 0 | 0 | 0 | 12 | 15 | 58 | 17 | 3 | 21 | 0 | 0 | 0 |
| 5 | 0 | 100 | 0 | 3 | 81 | 4 | 31 | 76 | 51 | 33 | 0 | 100 |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 21 | 0 | 66 | 100 | 0 |
| | N=1 | | | N=26 | | | N=29 | | | N=3 | | |

TOTAL N=59

TABLE 15. Percentage of Children Scoring at Each Developmental Level Across Areas of Development (New Teachers Trained in Fall 1982 Only)

| Developmental Level | AGE/SKILL COMPONENT | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 24 - 35 mos. | | | 36 - 47 mos. | | | 48 - 59 mos. | | | 60 - 71 mos. | | |
| | TPD | TSH | TLD | TPD | TSH | TLD | TPD | TSH | TLD | TPD | TSH | TLD |
| 0 | 100% | 100 | 100 | 7 | 10 | 5 | 5 | 2 | 0 | 25 | 0 | 0 |
| 2 | 0 | 0 | 0 | 41 | 0 | 44 | 2 | 0 | 2 | 0 | 0 | 0 |
| 3 | 0 | 0 | 0 | 22 | 12 | 24 | 10 | 2 | 5 | 0 | 0 | 0 |
| 4 | 0 | 0 | 0 | 22 | 22 | 24 | 29 | 12 | 60 | 50 | 25 | 50 |
| 5 | 0 | 0 | 0 | 5 | 54 | 2 | 45 | 64 | 28 | 25 | 50 | 50 |
| 6 | 0 | 0 | 0 | 2 | 2 | 0 | 9 | 21 | 5 | 0 | 25 | 0 |
| | N=1 | | | N=41 | | | N=58 | | | N=4 | | |

TOTAL N=94

TABLE 16. Percentage of Children Scoring at Each Developmental Level Across Areas of Development (Teachers Not Trained Spring 1982, Trained Fall 1982)

| Developmental Level | 24 - 35 mos. | | | 36 - 47 mos. | | | 48 - 59 mos. | | | 60 - 71 mos. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TPD | TSH | TLD | TPD | TSH | TLD | TPD | TSH | TLD | TPD | TSH | TLD |
| 0 | 0 | 0 | 0 | 10 | 2 | 6 | 8 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 6 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 33 | 24 | 0 | 30 | 3 | 0 | 4 | 0 | 0 | 0 |
| 3 | 33 | 0 | 33 | 32 | 10 | 42 | 17 | 6 | 13 | 0 | 0 | 0 |
| 4 | 33 | 0 | 33 | 14 | 32 | 22 | 21 | 13 | 51 | 0 | 0 | 37 |
| 5 | 33 | 66 | 0 | 6 | 44 | 2 | 24 | 66 | 25 | 63 | 0 | 63 |
| 6 | 0 | 33 | 0 | 8 | 12 | 0 | 25 | 15 | 7 | 37 | 100 | 0 |
| | | N=3 | | | N=50 | | | N=53 | | | N=8 | |

TOTAL N=114

## SUMMARY OF PROJECT ACCOMPLISHMENTS

In spite of two minor modifications to the project objectives and the addition of one objective that was required by the Papago Tribal Council before final access would be granted, the project successfully met the objectives as proposed.

The review of agency procedures, case studies, and parent interviews permitted the staff to identify those factors that impact negatively on the provision of comprehensive services to handicapped children on the reservation.

The steps taken to establish and solidify the continuation of an Interagency Council holds much promise for improvements in the delivery of services to children and their parents. This action was complemented by the production of a parent manual, audio tapes, and procedural manual as additional solutions to problems of understanding and communication among parents, teachers, and agency officials.

The learning preferances of children were assessed in relation to the learning needs and in a manner that can be developed further by teachers and paraprofessionals who are identifying and working with handicapped children.

Determining the teacher's abilities to use a criterion-referenced assessment instrument clearly identified the need for a) further inservice training of personnel, b) use of formal pupil performance assessment measures that accommodate for language diversity, and c) practice in applying the knowledge gained from assessment to the development of an Individualized Education Plan for each child.

Finally, the Papago People were receptive to the work of the project staff. They are continuing to request intermittent consultation in a effort to use the data and procedures from the project in a manner that contributes to improved educational and related service opportunities for their children.

# APPENDICES

# APPENDIX A

# AGENCY INTERVIEWS

## Agency Interview
## Administrator and Staff Member

Agency:
Date:
Contact Person:
Interviewer:
Director:
Address:

1. Identify Program policies (if applicable):

2. What are specific agency objectives/responsibilities?

3. What are your priorities for obtaining objectives?

4. What procedures are working?

5. What are your internal resources and external resources (in state and out of state)?

6. In attempting to identify any procedural breakdown, what isn't working?

7. Number of staff who actually provide direct service related to handicapped children (if necessary, qualify mainstreaming) professional ________, paraprofessionals _______.

Agency Interview

8. Who evaluates children:
What criteria are used:

9. Handicapping conditions served:

10. Age range served:

11. Population served:

12. Are services initiated by: advocacy _______, referral _______, agency (if so, what) ________________________________, IHS _______, BIA _______, Papago Psychological Services _______, teachers _______.

13. Source of funding:

14. Does your agency work in coordination with other agencies? If so, please list.

15. What kind of interagency arrangement do you have, formal or informal?

Arizona Center for Educational Research and Development, College of Education,
University of Arizona, April 1982

# APPENDIX B

## EDUCATIONAL ADMINISTRATOR/SPECIAL EDUCATION COORDINATOR FORM

# EDUCATIONAL ADMINISTRATOR/SPECIAL EDUCATION COORDINATOR FORM

Name:
School:
Date:

1. Who screens the children in your program, please list all individuals and/or agencies, and indicate if you contracted for service.

   Physicals:

   Hearing:

   Vision:

   Psychoeducational:

   Speech:

2. When is screening done:

3. What is your procedure for evaluating the children referred from the screening program, please list all individuals, and/or agencies, and indicate if you contract for service.

4. What is the time interval between screening and evaluation?

5. Please list all individuals and their positions, involved with developing Individual Education Programs (IEPs).

6. Approximately what is the time interval between evaluation and implementation of IEPs?

7. How are parents advised of the rights and services legislated by PL 94-142?

8. Is there a parent advocacy service for parents of handicapped children? _________

9. What time interval is used for reevaluation of identified children?

10. Please list any services you feel are needed on the reservation:

# APPENDIX C

## INTERAGENCY COUNCIL

## Interagency Council

1. Adrian Nunez, Director of Papago Head Start
2. Edward Encinas, Assistant Director of Papago Head Start
3. Madeline Matthews, Handicapped Coordinator, Papago Head Start
4. Barbara Emmons, Director of the Early Childhood Program
5. Joe Cataldo, Ph.D. Indian Oasis School District
6. Sylvia Wimmer, Special Education Coordinator, Bureau of Indian Affairs Service
7. Elisa Hurtado, M.D., Indian Health Service
8. Alton Wallace, Acting Director of Papago Executive Health Staff and Director of Papago Psychological Services
9. Mrs. Naomi Jose, Mr. and Mrs. Robert Romo, parents of handicapped children
10. Austin Nunez, Energy Assistance
11. Muriel Ortega, Disease Control

# APPENDIX D

## SPECIAL EDUCATION FOR NATIVE AMERICANS: A PARENT MANUAL

# SPECIAL EDUCATION FOR NATIVE AMERICAN CHILDREN:
# A PARENT MANUAL

ELAINE PROSNITZ, M.S. AND IRENE TOPOR, M.ED.

PREPARED UNDER U.S. OFFICE OF EDUCATION GRANT NUMBER G008101607, UNIVERSITY OF ARIZONA CENTER FOR EDUCATIONAL RESEARCH AND DEVELOPMENT, WILLIAM C. HEALEY, PH.D., DIRECTOR; ELIZABETH Y. SHARP, PH.D., PROJECT DIRECTOR.

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# INTRODUCTION

This is a guide for Native American parents and guardians of children with special needs. It tells you what you need to know about YOUR LEGAL RIGHTS, ROLES, AND RESPONSIBILITIES in obtaining special education and related services.

# WHAT IS SPECIAL EDUCATION?

Handicapped children may need special education. SPECIAL EDUCATION is a way of teaching what is planned for each handicapped child. It is FREE EDUCATION. A child who needs special education may have teaching by him- or herself or in a small group of children. Special education may use teacher's aides and extra support people such as speech/language pathologists, or physical therapists. Special education teachers may use many different materials and ways of teaching.

SPECIAL EDUCATION CAN BE IN:

- REGULAR CLASSROOMS
- SPECIAL CLASSROOMS IN A REGULAR SCHOOL
- SPECIAL SCHOOLS
- PRIVATE SCHOOLS
- HOSPITALS
- INSTITUTIONS
- THE HOME

The laws of the United States and the State of Arizona have steps to follow so handicapped children can have the right education.

It is very important for you, the parents or guardians, to know YOUR RIGHTS and the rights of YOUR CHILD. By knowing, you will make sure that your child will get the education and services he or she needs.

# WHAT IS PUBLIC LAW 94-142?

In 1975, Public Law 94-142, EDUCATION FOR ALL HANDICAPPED CHILDREN ACT, became a law of the United States. This law gives parents and children RIGHTS.

THE PURPOSE OF SPECIAL EDUCATION UNDER PUBLIC LAW 94-142 IS TO:

- PROVIDE HANDICAPPED CHILDREN WITH FREE, SPECIAL TEACHING AND SUPPORT SERVICES TO MEET THEIR NEEDS.
- PROTECT THE RIGHTS OF HANDICAPPED CHILDREN AND THEIR PARENTS.
- HELP ARIZONA, THE OTHER STATES, AND LOCAL EDUCATION PROGRAMS TO PROVIDE SPECIAL EDUCATION.

This law from the United States government tells you YOUR RIGHTS and your child's rights.

IN ARIZONA, the law says that each public school must find and give special education to all children who need it between the ages of 5 and 21. If your child is to be educated in a BIA school, he or she may be eligible for help between the ages of 3 and 21.

# WHO ARE CHILDREN WITH SPECIAL NEEDS?

Children with special needs may also be called HANDICAPPED CHILDREN. These children have problems that need extra attention and planning for school and home.

IN ARIZONA, American Indian children are eligible for special education if they are between the ages of 5 and 21, have a handicapping condition, and require special teaching beyond that offered by the regular classroom teacher.

CHILDREN WITH SPECIAL NEEDS MAY BE:

- MENTALLY RETARDED
- HEARING HANDICAPPED
- VISUALLY HANDICAPPED
- EMOTIONALLY HANDICAPPED
- PHYSICALLY HANDICAPPED
- LEARNING DISABLED
- SPEECH AND LANGUAGE HANDICAPPED
- MULTIPLY HANDICAPPED

The Bureau of Indian Affairs (BIA) uses Federal Government categories and guidelines for special education instead of Arizona categories and guidelines.

The BIA uses the label OTHER HEALTH IMPAIRED for a child who has a severe or long-lasting illness. IN

ARIZONA, these children are labeled PHYSICALLY HANDICAPPED. Some health impaired children may miss many school days. Others may not be able to travel to school because they are too ill or too weak. Health impaired children may need home teaching, tutoring at school, or special medical attention at school.

HEALTH IMPAIRED CHILDREN MAY HAVE:

- SEVERE HEART PROBLEMS
- KIDNEY DISEASE
- SEVERE ASTHMA
- DIABETES
- EPILEPSY
- HEMOPHILIA
- RHEUMATIC FEVER
- LEUKEMIA

Children with other types of handicapping conditions are discussed on the next 11 pages.

# MENTAL RETARDATION

Children with MENTAL RETARDATION learn and develop more slowly than other children of the same age. There are three levels of MENTAL RETARDATION:

1. MILD RETARDATION

   Mildly retarded children learn more slowly. They may have trouble remembering things or following directions. They generally are slow in developing speech. Mildly retarded children are sometimes called EDUCABLE MENTALLY RETARDED. They probably will need extra practice to help them learn. They may get help in a special classroom.

2. MODERATE RETARDATION

   Moderately retarded children are slow in all areas of development. They may not begin to talk until they are 4 or 5. They may be slower than other children in learning to walk, climb and use their hands. They have trouble remembering things. They act like much younger children. Moderately retarded children are sometimes called TRAINABLE MENTALLY RETARDED. They will need a special school program to help them learn.

### 3. SEVERE/PROFOUND RETARDATION

Severely and profoundly retarded children need help for many years to learn how to feed themselves, move, dress, and use the toilet. Some severely and profoundly retarded children never learn how to talk. Some may never walk or use their hands. Some of these children also have difficulty seeing or hearing. Some may have seizures. Severely and profoundly retarded children need a special classroom. They may need the help of specialists such as a physical therapist or a speech/language pathologist. These children can and do learn but it takes a long time.

IF YOU THINK YOUR CHILD has MENTAL RETARDATION, you may want to ask for help from people such as a special education teacher, a speech/language pathologist, a pediatrician, a psychologist, a nurse or a medicine man or woman.

# HEARING HANDICAPPED

Children who are hearing handicapped are sometimes labeled as DEAF or HARD OF HEARING. All hearing handicapped children need help in learing how to listen and how to use the hearing they have.

## DEAFNESS

Children who are deaf cannot understand speech through hearing alone. Deaf children do not hear sounds like a telephone, car, or voices and do not know what the sounds are. A hearing aid may help them become aware of sounds. Deaf children need a special school program to help them learn.

## HARD OF HEARING

Hard of hearing children may hear enough to know what is making the sound. A hearing aid may help them tell the difference between words and sounds, and who is talking. Children may not hear well when there is a lot of wax in the ears or when they have a cold. Hard of hearing children may need a special school program.

IF YOU THINK YOUR CHILD has A HEARING HANDICAP, you may want to ask for help from specialists such as a teacher, a nurse, an ear, nose, and throat doctor, a medicine man or woman, a pediatrician, a speech/language pathologist, an audiologist, or a special education teacher.

## VISUALLY HANDICAPPED

Children who are visually handicapped are sometimes labeled as PARTIALLY SIGHTED/LOW VISION or BLIND. Most children who have visual handicaps have some vision. They must be taught how to use the vision they have.

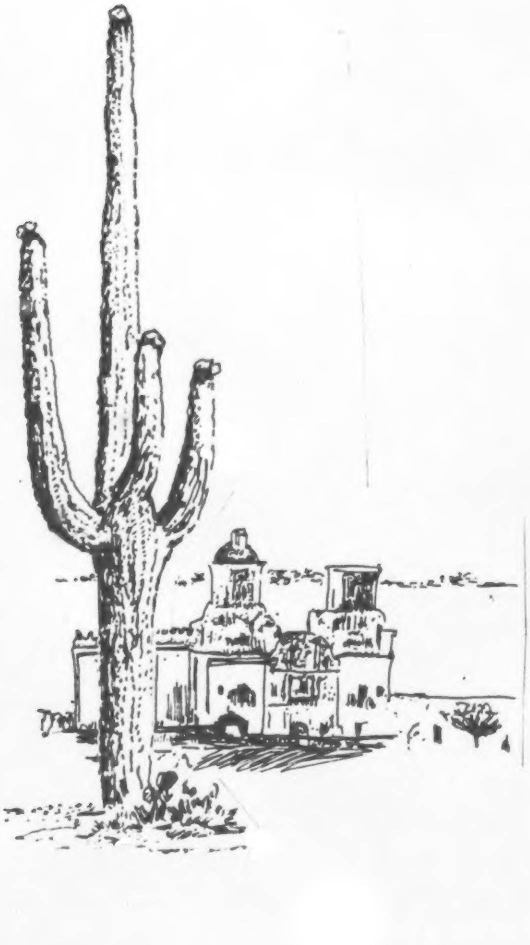
### BLIND

A child who is blind has no usable vision. He or she learns through touch, hearing, smell, and taste. Blind children read and write with braille. Some blind children may need a special school program and special equipment to learn.

### PARTIALLY SIGHTED/LOW VISION

A child who is partially sighted has some ability to see but must learn to use his or her vision. A partially sighted or low vision child may move closer to objects, tilt his or her head to look at objects, need to touch objects, or bump into objects. Some children may squint or have eyes that move in odd ways. Glasses may or may not help. Some children with low vision can read by using a magnifier or a closed circuit television to enlarge letters in words. Partially sighted children may need a special school program.

IF YOU THINK YOUR CHILD has a VISUAL HANDICAP, you may want to ask for help from specialists such as an ophthalmologist, an optometrist, an orientation and mobility specialist, a speech/language pathologist, a medicine man or woman, a pediatrician, a nurse or a special education teacher.



## EMOTIONALLY HANDICAPPED

Children who are emotionally handicapped BEHAVE in unusual ways. The children may have problems that are mild or very severe. The behavior problems may stop the child from learning or keeping friends.

THE CHILD MAY:

- BE WITHDRAWN; REFUSE TO TALK TO PEOPLE
- ACT VERY SHY, HAVE DIFFICULTY TALKING WITH ANYONE EXCEPT HIS OR HER FAMILY
- HURT HIM- OR HERSELF
- HURT OTHER PEOPLE
- ACT VERY SAD
- ACT VERY DIFFERENTLY FROM CHILDREN THE SAME AGE
- ALWAYS BE MOVING, NOT ABLE TO STAY STILL OR RELAX
- SAY OR DO THINGS THAT SEEM STRANGE
- REFUSE TO EAT
- REFUSE TO OBEY DIRECTIONS

IF YOU THINK YOUR CHILD has an EMOTIONAL HANDICAP, you may want to ask for help from specialists such as a teacher, a psychologist, a medicine man or woman, a psychiatrist, a pediatrician, a speech/language pathologist, a counselor, or a special education teacher.

## PHYSICALLY HANDICAPPED

PHYSICAL HANDICAPS cover many different problems. Some children have difficulty moving, walking, or using their hands. Some children have cerebral palsy. Other children may have illnesses that interfere with growth and development and cause learning problems.

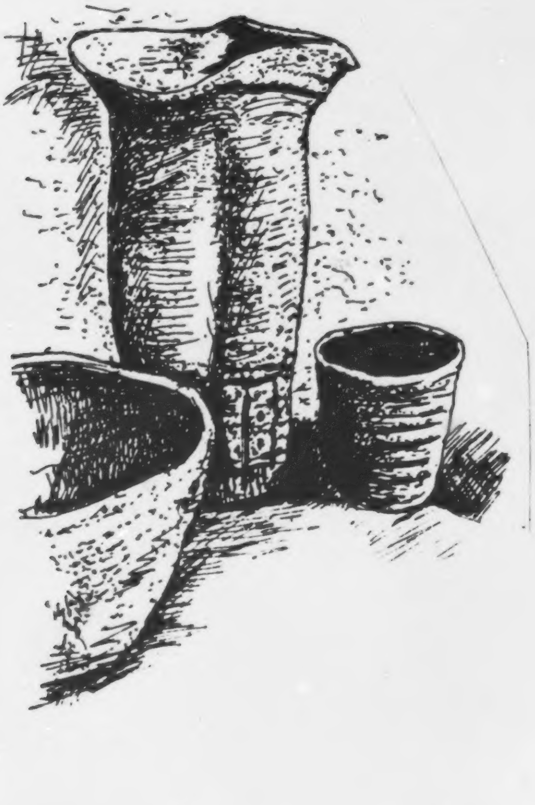
THESE ILLNESSES INCLUDE:

- EPILEPSY
- HEMOPHILIA
- SEVERE ASTHMA
- SEVERE HEART CONDITIONS
- SEVERE MALNUTRITION
- DIABETES
- KIDNEY PROBLEMS

A child with PHYSICAL HANDICAPS may need special equipment and help from specialists such as a physical or occupational therapist, or a speech pathologist. Some of these children may need a special school program to help them learn.

Children with illnesses may miss many school days. They may not be well enough to go to school. Special help may need to be provided at school or a teacher may need to teach these children at their homes.

IF YOU THINK YOUR CHILD has a PHYSICAL HANDICAP, you may want to ask for help from specialists such as a teacher, a pediatrician, a medicine man or woman, a physical or occupational therapist, or a physician who specializes in orthopedics.



## LEARNING DISABLED

The term LEARNING DISABLED covers many different problems. Children ARE NOT learning disabled under the law if they have mental retardation, emotional handicaps or hearing or vision problems. A child with a LEARNING DISABILITY may have trouble:

UNDERSTANDING LANGUAGE - WHAT YOU SAY TO HIM/HER OR WHAT HE/SHE HAS READ

USING LANGUAGE - USING WORDS THROUGH SPEAKING OR WRITING

WITH:
- LISTENING
- FOLLOWING DIRECTIONS
- SPELLING
- UNDERSTANDING OR DOING MATH PROBLEMS

IF YOU THINK YOUR CHILD has a LEARNING DISABILITY, you may want to ask for help from specialists such as a teacher, a pediatrician, a medicine man or woman, a psychologist, a speech/language pathologist or a special education teacher.

# SPEECH AND LANGUAGE HANDICAPPED (COMMUNICATION DISORDERS)

Children with a speech or language handicap may have problems with ANY of the following:

UNDERSTANDING WHAT YOU OR OTHERS SAY
USING WORDS TO MAKE A SENTENCE
SPEAKING SMOOTHLY
SPEAKING WITH A HOARSE VOICE OR SPEAKING TOO SOFTLY
MAKING SPEECH SOUNDS CORRECTLY

A child with a speech or language handicap may have problems learning, being understood, getting along with other children, and feeling good about him- or herself. Children with speech and language handicaps may also have a hearing loss, cerebral palsy, mental retardation, cleft palate, or emotional handicaps.

IF YOU THINK YOU CHILD has a SPEECH OR LANGUAGE HANDICAP, you may want to ask for help from specialists such as a speech/language pathologist, a teacher, a medicine man or woman, or a pediatrician.

## MULTIPLY HANDICAPPED

Children who are multiply handicapped have two or more handicaps. Multiply handicapped children may have mental retardation, an emotional handicap, or a learning disability in addition to hearing, visual, or physical handicaps. These children need a special school program to help them learn.

IF YOU THINK YOUR CHILD has MULTIPLE HANDICAPS, you may want to ask for help from specialists such as a pediatrician, a medicine man or woman, a teacher, or a psychologist.

# DO YOU THINK YOUR CHILD NEEDS SPECIAL EDUCATION?

Children who need Special Education are children who:

- -- HAVE DIFFICULTY SEEING
- -- HAVE DIFFICULTY HEARING
- -- HAVE DIFFICULTY SPEAKING
- -- SEEM SLOW TO UNDERSTAND OR DEMONSTRATE MENTAL RETARDATION
- -- GET CONFUSED WITH LETTERS AND NUMBERS
- -- HAVE DIFFICULTY WALKING
- -- HAVE REPEATED MEDICAL PROBLEMS
- -- HAVE DIFFICULTY LEARNING EASILY OR WELL
- -- HAVE DIFFICULTY FOLLOWING SIMPLE DIRECTIONS
- -- HAVE DIFFICULTY CONCENTRATING
- -- HAVE DIFFICULTY SITTING STILL OR ARE ALWAYS MOVING
- -- ARE SLOW IN DEVELOPMENT
- -- SEEM ANGRY OR SAD; HAVE DIFFICULTY FOLLOWING RULES

# WHAT DO YOU DO IF YOU THINK YOUR CHILD NEEDS SPECIAL EDUCATION?

If your child has not been identified as handicapped but you think he or she has special needs, YOU CAN ASK THE SCHOOL TO EVALUATE YOUR CHILD. The school should pay for the evaluation.

- CALL AND WRITE YOUR CHILD'S SCHOOL TO REQUEST AN EVALUATION. A SAMPLE LETTER FOLLOWS.
- SEND A COPY TO THE SCHOOL SUPERINTENDENT OR TO THE EDUCATION DIVISION OF THE BUREAU OF INDIAN AFFAIRS.
- ALWAYS KEEP COPIES OF ALL PAPERS. MAKE SURE YOU KNOW THE NAMES OF THE PEOPLE YOU TALK TO AND THOSE WHO SEE YOUR CHILD.

## SAMPLE LETTER REQUESTING EVALUATION

(Can be handwritten)

(Your address)
(Your phone number)
(Today's date)

(Principal's name)
(School name)
(School address)

Dear ______________________:

I am the parent/guardian of ____________, age___, who is a student in ___________ at _______________School. I believe that my child has special needs that cannot be met only by a regular school program. Please arrange to have my child evaluated as quickly as possible so that an appropriate program for him (her) can be provided.

Please notify me in writing when this evaluation will take place.

Thank you.

Sincerely,

(Your name)

Send a copy to one of the addresses below:

Mr. Mike Ryan
Superintendent
Indian Oasis School
District #40
P.O. Box 248
Sells, AZ 85634
383-2234

Mrs. Sylvia Wimmer
Bureau of Indian Affairs
Papago Agency
P.O. Box 578
Sells, AZ 85634
383-2611, Ext. 5294
Radio #50

Mr. Adrian Nunez
Early Childhood/Headstart
P.O. Box 837
Sells, AZ 85634
383-2221 Ext. 230

# WHAT DO I NEED TO KNOW ABOUT SCHOOL EVALUATIONS?

EVALUATION is also called TESTING or ASSESSMENT. An evaluation looks at how your child:

- READS
- USES NUMBERS
- REMEMBERS
- UNDERSTANDS AND USES LANGUAGE
- SOLVES PROBLEMS

SOMETIMES, a teacher will ask for a child to be evaluated. If the school wants to evaluate your child, you must be told IN WRITING when the school will evaluate (test) your child. The school must get your written permission. If you do not want your child tested, the school may ask for a due process hearing. (See the Due Process section)

It is helpful to work WITH THE TEACHER if your child is having problems in school. You should be able to observe the class if you schedule a time with the school.

# WHAT IS A GOOD EVALUATION?

Make sure your child has a complete physical examination, especially for the first school evaluation. This is important! Some children who are called SLOW LEARNERS really have vision or hearing problems.

The evaluation depends on your child's problem(s). Make sure your child's evaluation is a good one.

THE EVALUATION SHOULD:

- BE MORE THAN ONE TEST
- GIVE YOU MORE INFORMATION THAN JUST A NUMBER CALLED AN INTELLIGENCE QUOTIENT OR I.Q.
- PROVIDE YOU WITH A DESCRIPTION OF YOUR CHILD'S PROBLEM(S)
- TELL YOU WHAT YOUR CHILD CAN DO AND WHAT HE/SHE CANNOT DO
- NOT DISCRIMINATE AGAINST YOUR CHILD ON THE BASIS OF RACE, CULTURE OR DISABILITY
- BE GIVEN IN THE LANGUAGE YOUR CHILD UNDERSTANDS BEST

Tests are important but a good evaluation is more than just tests. A GOOD EVALUATION comes from talking with teachers, parents, and other professionals. A good evaluation also comes from watching your child in the classroom, playing outside, in the lunchroom and at home.

You may watch the evaluation. Talk to the people who test your child about your child's behavior and abilities. Tell the school people what your child can and cannot do at home. You know your child best. Your information should be used for your child's school program.

# WHAT IF I HAVE QUESTIONS?

Make sure you understand what the tests mean. You have A RIGHT to ask what the tests mean if you do not understand. GET COPIES of the evaluation results to keep at home.

When you have some QUESTIONS or DOUBTS about the school's evaluation:

- PROVIDE THE SCHOOL WITH ANY INFORMATION YOU MIGHT HAVE OR KNOW OF CONCERNING THE CHILD
- ASK FOR MORE INFORMATION OR FOR MORE TESTS

You have the RIGHT to ask for an INDEPENDENT EDUCATIONAL EVALUATION of your child if you disagree with the evaluation done by the school. A licensed and qualified evaluator who is not employed by the school conducts the independent education evaluation. The school may pay. If the school thinks that its own evaluation was correct, the school may ask for a due process hearing to decide who should pay for another evaluation.

If your child is receiving SPECIAL EDUCATION, the school should do a new evaluation at least every three years. If you think your child has changed, you may ask for a reevaluation at any time.

If an independent evaluation is done, you may put the results in your child's permanent school records.

The school must consider the results in planning your child's program and classroom placement.

# WHAT SHOULD I KNOW ABOUT THE PLACEMENT PROCESS?

Handicapped children have SPECIFIC RIGHTS in the placement process. These rights include:

- THE RIGHT TO RECEIVE A FREE APPROPRIATE EDUCATION WITH NONHANDICAPPED CHILDREN.
- THE RIGHT TO BE EDUCATED IN REGULAR CLASSROOMS UNLESS EDUCATION CANNOT BE ACHIEVED THERE EVEN WITH SPECIAL AIDS AND SERVICES.
- THE RIGHT TO A PLACEMENT BASED ON AN INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.)
- THE RIGHT TO A YEARLY REVIEW OF PLACEMENT
- THE RIGHT TO BE EDUCATED IN THE SCHOOL THE CHILD WOULD ATTEND IF NOT HANDICAPPED UNLESS THE INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.) REQUIRES ANOTHER ARRANGEMENT.
- THE RIGHT TO PARTICIPATE WITH NONHANDICAPPED CHILDREN DURING MEALS, RECESS, AND TRANSPORTATION.
- THE RIGHT TO A DUE PROCESS HEARING* TO RESOLVE DISAGREEMENTS ABOUT APPROPRIATE PLACEMENTS.

* See special section on due process

# WHAT IS THE LEAST RESTRICTIVE ENVIRONMENT?

The Least Restrictive Environment (L.R.E.) has different meanings for different handicapped students.

For a severely handicapped child, the least restrictive environment might mean going to a public school class instead of a classroom in an institution.

For a mildly handicapped student, the least restrictive environment might mean changing FROM an all day special education classroom TO spending part of the day in a regular classroom and part of the day in a special education resource room.

THE KEY TO THE LEAST RESTRICTIVE ENVIRONMENT IS MAKING THE PLACEMENT FIT YOUR CHILD'S NEEDS, NOT TRYING TO MAKE YOUR CHILD FIT THE PLACEMENT.

The BEST CLASSROOM PLACEMENT for your child should be decided by the multidisciplinary team of parents, teachers and others working with your child.

BASED ON YOUR CHILD'S EVALUATION, THE TEAM:

- DEVELOPS AN I.E.P. LISTING YOUR CHILD'S EDUCATIONAL GOALS AND THE SERVICES THAT WILL BE PROVIDED TO HELP THE CHILD MEET THOSE GOALS.
- DECIDES THE PROGRAM AND CLASSROOM SETTING IN WHICH THE SERVICES CAN BE PROVIDED. THE I.E.P. SHOULD STATE HOW MUCH TIME YOUR CHILD WILL SPEND WITH NONHANDICAPPED STUDENTS AND IN WHAT SETTING THE EDUCATIONAL SERVICES WILL BE PROVIDED.

Even if your child needs to be placed in a special class for most of the school day, he/she COULD SPEND SOME TIME with nonhandicapped students.

Your child should only be placed AWAY FROM NONHANDICAPPED CHILDREN if:

- HE/SHE HAS NEEDS THAT CANNOT BE MET IN THE REGULAR SCHOOL ENVIRONMENT.
- HE/SHE IS A BEHAVIOR PROBLEM AND THOSE BEHAVIORS CAN ONLY BE CONTROLLED IN A SEPARATE SETTING.

IF you and the school cannot agree upon the least restrictive environment for your child, either side may ask for a due process hearing to settle the disagreement.

The Least Restrictive Environment DOES MEAN:

- KEEPING HANDICAPPED STUDENTS WITH NONHANDICAPPED STUDENTS AS MUCH AS POSSIBLE.
- PLACING HANDICAPPED STUDENTS IN SCHOOL SETTINGS WHICH HAVE EDUCATIONAL PROGRAMS TO MEET EACH STUDENT'S NEEDS.

# WHAT IS PARENT CONSENT?

When the school wants to make changes in your child's program, you have a RIGHT to accept or reject the proposed change.

THE SCHOOL SHOULD GET WRITTEN PERMISSION:

- TO TEST YOUR CHILD
- TO CHANGE THE LABEL OF YOUR CHILD'S HANDICAP
- TO PLACE YOUR CHILD IN A SPECIAL EDUCATION PROGRAM
- TO REWRITE AN INDIVIDUAL EDUCATION PROGRAM (I.E.P.)
- TO RELEASE ANY OF YOUR CHILD'S RECORDS TO PEOPLE OTHER THAN SCHOOL PERSONNEL OR LEGALLY AUTHORIZED INDIVIDUALS

According to Public Law 94-142, consent means that:

- YOU HAVE BEEN GIVEN ALL RELEVANT INFORMATION ABOUT THE MATTER FOR WHICH CONSENT IS REQUESTED
- THE INFORMATION IS GIVEN IN YOUR NATIVE LANGUAGE
- YOU UNDERSTAND AND AGREE WITH THE INFORMATION
- YOU GIVE WRITTEN PERMISSION
- YOU UNDERSTAND THAT CONSENT IS VOLUNTARY
- YOU KNOW THAT YOU MAY TAKE AWAY YOUR CONSENT AT ANY TIME

If you DO NOT AGREE to have your child tested or placed in a special education program, the school has the choice of dropping the matter or asking for a due process hearing.

# WHAT IS AN I.E.P.?

I.E.P. stands for INDIVIDUALIZED EDUCATION PROGRAM. THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT, Public Law 94-142, requires that an I.E.P. be written for each student before the student is placed in a special education program.

THE I.E.P.:

- TELLS WHAT THE STUDENT CAN DO AND WHAT HE/SHE NEEDS TO LEARN
- TELLS WHAT SPECIAL SERVICES THE STUDENT NEEDS
- MUST BE REVIEWED ONCE A YEAR
- MUST BE REWRITTEN AT LEAST ONCE A YEAR AND MORE FREQUENTLY IF IT DOES NOT MEET THE STUDENT'S NEEDS

The I.E.P. Meeting, TEAMING or INTERDISCIPLINARY CONFERENCE is required by law. The meeting gives parents, teachers and administrators a chance:

- TO DISCUSS THE STUDENT'S EVALUATION OR PROGRESS IN SCHOOL
- TO SET GOALS FOR THE COMING YEAR
- TO DETERMINE WHAT SPECIAL SERVICES WILL HELP THE STUDENT REACH THOSE GOALS

# WHO PARTICIPATES IN AN I.E.P. MEETING?

Public Law 94-142 requires that the following people participate in the I.E.P. meeting:

- A REPRESENTATIVE OF THE SCHOOL DISTRICT (PRINCIPAL, SPECIAL EDUCATION COORDINATOR) OTHER THAN THE CHILD'S TEACHER, WHO UNDERSTANDS THE EDUCATION OF HANDICAPPED CHILDREN.
- THE CHILD'S TEACHER, AND SOMETIMES MORE THAN ONE TEACHER.
- THE CHILD'S PARENT(S) OR GUARDIAN(S).
- THE CHILD, WHERE APPROPRIATE.
- OTHER INDIVIDUALS IF THE PARENTS OR SCHOOL ASK FOR THEM. FOR EXAMPLE, A SPEECH PATHOLOGIST WHO WORKS WITH THE CHILD MAY ATTEND, OR A PARENT MAY INVITE A FRIEND OR ADVOCATE TO THE MEETING.

For a handicapped child who has been evaluated (tested) for the FIRST TIME, the school district or public agency must require:

- THAT A MEMBER OF THE EVALUATION (TESTING) TEAM PARTICIPATES IN THE MEETING,

OR

- THAT SOMEONE ATTENDING THE MEETING KNOWS ABOUT THE EVALUATION PROCEDURES USED WITH THE CHILD AND CAN REPORT THE RESULTS OF THE EVALUATION.

## HOW IS PARENT PARTICIPATION ENCOURAGED?

The school is required to encourage parents to attend the meeting.

The school should:

- RESCHEDULE THE MEETING IF YOU ARE NOT ABLE TO ATTEND AT THE SCHEDULED TIME.
- PROVIDE AN INTERPRETER IF YOU USE SIGN LANGUAGE OR IF YOUR NATIVE LANGUAGE IS OTHER THAN ENGLISH.
- ALLOW YOU TO LOOK AT YOUR CHILD'S SCHOOL RECORDS AT THE FIRST PLACEMENT MEETING OR MEETINGS AFTER THE REEVALUATION IF YOU ASK TO DO THIS.
- EXPLAIN ANYTHING IN THE RECORDS THAT YOU DO NOT UNDERSTAND.
- CONTACT YOU THROUGH INDIVIDUAL CONFERENCES OR TELEPHONE CALLS WHEN YOU CHOOSE NOT TO ATTEND THE MEETING.
- MAKE SEVERAL ATTEMPTS TO INCLUDE YOU IN THE I.E.P. MEETING AND KEEP RECORDS OF THESE ATTEMPTS.

# WHAT ARE THE PARTS OF AN I.E.P.?

Each I.E.P. must have specific parts.

## A STATEMENT OF THE PRESENT LEVEL OF PERFORMANCE (WHAT THE CHILD CAN DO NOW).

The I.E.P. meeting should begin with a discussion of how well your child is developing in school work. The information should come from your child's evaluation and from observations by you, the teachers, and others who have worked with your child. The starting place for the I.E.P. should be WHAT YOUR CHILD CAN DO. So, if the evaluation shows that your child has trouble with naming pictures, then this skill should be included in the rest of the I.E.P.

EXAMPLE: Vera can identify a horse, pig, and cow in colored pictures.

## A STATEMENT OF ANNUAL (YEARLY) GOALS.

This is a description of goals (behaviors) your child will learn in a year. The goals should:

- BE WRITTEN FOR YOUR CHILD;
- BE CLEAR AND SPECIFIC ABOUT THE DESIRED CHANGE;
- BE WRITTEN SO THAT THE RESULTS CAN BE SEEN AND MEASURED.

EXAMPLES: Vera will learn to identify animal sounds. Juan will learn to do addition.

## A STATEMENT OF SHORT-TERM OBJECTIVES.

Short term objectives should tell you what your child will learn in a short period of time, usually no more than one or two months. Short-term objectives tell the teacher and parents how the student is approaching his/her goals. Objectives should:

- BE SMALL STEPS TOWARD THE ANNUAL GOAL
- BE VERY SPECIFIC
- TELL HOW THE CHILD'S LEARNING WILL BE EVALUATED
- GIVE A DATE FOR COMPLETION OF THE OBJECTIVE

EXAMPLES: By October 15, Vera will identify the sounds made by a horse, cow, and pig three days in a row when her teacher plays them on a tape recorder, 4 out of 5 times.

OR, By the end of June, Juan will be able to correctly complete 4 out of 5 simple 3 number columns of addition.

## SPECIFIC SPECIAL EDUCATION AND RELATED SERVICES TO BE PROVIDED.

The I.E.P. should say what kind of special education your child will receive, such as 'Juan will be placed in a self-contained classroom for the Trainable Mentally Retarded'. If your child needs related services, they must be provided by the school district. BE SURE THAT THE I.E.P. STATES HOW OFTEN AND FOR HOW LONG THE SERVICES WILL BE PROVIDED.

These services can be:

- SPEECH/LANGUAGE EVALUATION AND THERAPY
- COUNSELING SERVICES
- TRANSPORTATION
- OCCUPATIONAL OR PHYSICAL THERAPY
- MOBILITY INSTRUCTION
- VISION AND HEARING SCREENING
- PSYCHOLOGICAL SERVICES
- SPECIAL MATERIALS

The amount of related services your child receives should be based on HIS/HER NEEDS, not how much money the school district has available.

EXAMPLE: John needs and will receive speech therapy for 30 minutes, three times a week.

HOW MUCH PARTICIPATION IN REGULAR PROGRAMS.

The I.E.P. should state how much of your child's day will be spent in regular education and how much time in special education.

EXAMPLE: The student might be in a regular classroom the full day with the help of an aide. The student might be in a self-contained classroom all day but have lunch and recess with non-handicapped students.

Handicapped children should only be educated apart from other students when this is necessary to provide an appropriate education.

### THE STARTING DATE FOR SERVICES, HOW LONG THEY WILL BE PROVIDED, AND SCHEDULED REVIEW DATE.

Generally, I.E.P.s are designed for 12 months from the starting date. They must be reviewed once A YEAR OR MORE often if the parents or the school request it.

# HOW DO I PREPARE FOR AN I.E.P. MEETING?

Teachers and staff take time to prepare for I.E.P. meetings. If parents are to be a part of the team, they should do the same. Here are some things you can do before, during, and after the meeting to be prepared.

## BEFORE THE MEETING

THINK ABOUT YOUR CHILD'S NEEDS. If your child already has an I.E.P., look over the old I.E.P. Is it helping your child learn? Are there other things that should be added? Other needed services? Are there areas in which your child needs to be tested? If this is the first I.E.P. meeting, what are your child's strengths and weaknesses? What are ways you think the school can help your child learn?

KNOW YOUR CHILD'S RIGHTS. Get a copy of the Federal Rules and Regulations on P.L. 94-142 and the Arizona Rules and Regulations. Some good sources are:

- LOCAL SCHOOL
- DEPARTMENT OF EDUCATION
- TRIBAL LEGAL SERVICES
- PUBLIC LIBRARY
- CENTER FOR LAW IN TUCSON AND PHOENIX

Read the laws and underline important sections. Know the language used in the laws. For example, the school is required to provide an APPROPRIATE education, not the BEST or MOST APPROPRIATE one.

WRITE DOWN WHAT YOU THINK YOUR CHILD NEEDS. Read your statement aloud. This will let everyone know of your concerns. You do not need to write the I.E.P. or tell how your child will be taught. You can state what SERVICES your child needs and what OBJECTIVES your child could be working on. (This manual contains a suggested form for parents' input.)

KEEP A FILE OF YOUR CHILD'S RECORDS. A file will help you keep track of your child's progress and the teaching methods that have proved successful. Include copies of all the I.E.P.s and evaluations, any progress notes the teacher has sent, and letters to and from the school.

ASK TO SEE THE PROPOSED I.E.P. Many schools prepare a proposed I.E.P. before the meeting. If this is true of your school, you could ask to see the document before the meeting so you will have time to look it over and think about it.

## AT THE MEETING

YOU DO NOT NEED TO GO ALONE. Parents frequently feel overwhelmed when faced with a room full of school staff. Remember, you may invite anyone you choose: other parents, friends, relatives, or advocates. You do not need to tell the school ahead of time unless you wish to. You may want someone there to help you in asking for a specific program.

YOU MAY RECORD THE MEETING. It may be difficult to take notes while participating in the discussion. You may tape record the meeting if you wish. You do not need to ask permission. If the school tape records a meeting, they must keep the tape as part of your child's educational records, and you have the right to review it as you do any other record.

ADDRESS PEOPLE BY NAME. If you do not know everyone, you could pass around a sign-up sheet to look at during the meeting.

LISTEN CAREFULLY TO THE DISCUSSION. Listen to the school's ideas; it may change your thinking.

BE READY TO ACCEPT THE SCHOOL'S IDEAS ALONG WITH YOUR OWN, but know which things you are willing to continue to ask for. In any discussion, both sides must accept each others ideas.

**REMEMBER YOUR CHILD'S NEEDS.** It is important to ask for an education for your child which best meets his/her needs. You are not there to listen to the school's budget problems. Your role is to make sure that your child has an appropriate education, so you need not feel guilty about requesting services to meet your child's needs.

**REMEMBER YOUR CHILD'S RIGHTS.** If there is a particular service your child needs but the school says it cannot provide it, do not feel like you cannot ask for it. Ask to see the written policy that says it is not permitted. Compare this with P.L. 94-142. Remember that federal laws and regulations must be followed. Laws, rules, or policies of the state or school district are then followed.

**IF YOU ARE NOT READY TO SIGN THE I.E.P., DON'T.** You do not have to sign your child's I.E.P. if you don't understand it, if you feel you need more time to read it, or if you want to consult with other people. There is no harm in telling the school you would like to think about it for a day or two before you sign. Also, while most I.E.P.s are written for a full year, you could set a shorter time if you want to evaluate a new program. For instance, you might approve the I.E.P. for a period of three months. If the services are working out well, you can simply extend your approval at the end of that time.

## AFTER THE MEETING

The important thing now is to follow your child's progress and participate in your child's school program.

IF THE TEAM DOES NOT REACH AN AGREEMENT, consider ways to reach one. You might want to visit programs that the I.E.P. team suggested for your child. Maybe your opinion will change. You might ask opinions of other people who agree with your position to convince the school to agree with you. Be creative in thinking of ways to solve disagreements.

IF A DISAGREEMENT CANNOT BE SOLVED, either parents or school may request a due process hearing to settle the matter. In the meantime the child's placement may not be changed unless parents and school agree to it.

# SUGGESTIONS FOR PARENTS' INPUT INTO I.E.P.

I. PRESENT LEVEL OF PERFORMANCE

| Things Done Well | Areas of Need |
|---|---|
| | |

II. WHAT WOULD YOU LIKE YOUR CHILD TO LEARN? (Be specific.)

| Task | Who Will Teach? |
|---|---|
| | |

III. WHAT IS THE APPROPRIATE SETTING FOR THIS EDUCATION PROGRAM?

IV. HOW WOULD YOU LIKE TO BE TOLD OF YOUR CHILD'S PROGRESS? BY WHOM?

V. OTHER COMMENTS.

Mapt hekid o ha-wem cikp heg ab mo hab a aga I.E.P. kupt hems idam nanko ha'icu am i ha-oidahi:

I. Mo has i masma ha'icu am hab junhim g ali hemu

Ṣacu o s-ap hab-juñhim | ṣacu k ab o taccu g i-wemta

II. Ṣacu ap si taccu mat o mai g m-aliga?

Ṣacu ap hab elid mat o mai. | D o-p hab elid mat o maṣca

III. S-ap masma hab elid mat o s-apet ida maṣcama am m-aliga wehejeḍ?

IV. Kut has masma am o m-agǐ mo has masma am hab juñhim g e-maṣcama cikpan g m-aliga? Nat am o i m-o ohon, a nat am o i m-wem ñio, a nat am o hema jiwa m-ki am k a mo m-ñei? Kup hedai hab elid mat am o m-ñei?

V. Mat am ha icu wud ep o hegai-k kupt in o o oho.

# SAMPLE SUGGESTIONS FOR PARENTS' INPUT INTO I.E.P.

## I. PRESENT LEVEL OF PERFORMANCE

| Things Done Well | Areas of Need |
|---|---|
| Recognizes animals | Does not know the sounds each animal makes |
| Can eat finger foods | Does not eat with a spoon |
| Plays well by herself | Needs to improve play skills with other children |

## II. WHAT WOULD YOU LIKE YOUR CHILD TO LEARN? (BE SPECIFIC.)

| Task | Who Will Teach? |
|---|---|
| Vera will correctly identify the sounds of a cow, horse and pig. | Teacher |
| Vera will eat from a spoon without help. | Teacher, aide and parents at home |
| Vera will play a game with two other children in her class. | Teacher, aide and parents at home |

## III. WHAT IS THE APPROPRIATE SETTING FOR THIS EDUCATION PROGRAM?

Vera's Home-Start program is good because the teacher visits about once a month to help teach. I would like to see Vera attend a Head Start program so she'll get along with other children her age.

## IV. HOW WOULD YOU LIKE TO BE TOLD OF YOUR CHILD'S PROGRESS? BY WHOM?

A note from the teacher describing Vera's progress would be nice at least every three months.

## V. OTHER COMMENTS.

I have some questions about how Vera talks. I would like someone to test her for this.

Id o ampṣ em-taṣogid mamt hascu an o o´oho heg ab mo am ha´icu m-kakka.

I.

| | |
|---|---|
| s-ap o hejel cicwi | mat o ha-wem cicwi g a al |
| s-ap o e-gegusid g e-nonhaikaj | mat g kusalkaj o e-gegusidat |
| s-amicuc c-o ha-ñeid g ha´icu dodakam | mat o s-amic mo has kaidam kuhu o hink g ha´icu dodakam |

II.

| | |
|---|---|
| mat g Susie s-ap o ha-wem cicwi g a´al | a´al ha-mascamdam c a´al ha-mascamdam wemkam c je´ej o g ogaj |
| mat hejel o e-gegus g kusalkaj | a´al ha-mascamdam c a´al ha-maṣcamdam wemkam c je´ej o g ogaj |
| mat s-ap o ha-ce´isidat g ha´icu dodakam | a´al ha-maṣcamdam |

III. Heg o s-ap hab e-wua Home Start no pi gḍ hu ki:j am ñeñe´id g Susie kc am maṣcam. B-añ hia ep elid g Susie mat am o e-maṣca Head Start t-am k ha´ap ab o i ha-mai g a´al k s-ap o ha-wem cicwid.

IV.

a. B-at o hema i a´ad g note g ha-maṣcamdam.

b. I-at o hema jiwa ñ-ki am k o ñ-agi O´odhamkaj.

V. Susie o pi am hu i si s-ap ñiok kuñ hab elid mat am o hema cecga.

# SAMPLE SUGGESTIONS FOR PARENTS' INPUT INTO I.E.P.

## I. PRESENT LEVEL OF PERFORMANCE

| Things Done Well | Areas of Need |
|---|---|
| Fixes family truck when it had problems with the tires. | Does not know how to fix other problems with the truck (under the hood). |
| Can add and subtract math problems. | Cannot multiply or divide numbers very well. |
| Finishes work when asked to do it. | Does not do homework unless told to do it. |

## II. WHAT WOULD YOU LIKE YOUR CHILD TO LEARN? (Be specific.)

| Task | Who Will Teach? |
|---|---|
| Marvin will learn how the truck is wired and fix it when it is broken. | Teacher at Skills Center? Father, Big Brother, Counselor can help him get books to read. |
| Marvin will multiply and divide numbers. | Teacher |

## III. WHAT IS THE APPROPRIATE SETTING FOR THIS EDUCATION PROGRAM?

I would like Marvin to get more help from his special teacher -- I also think an aide or counselor could help Marvin learn about the truck.

## IV. HOW WOULD YOU LIKE TO BE TOLD OF YOUR CHILD'S PROGRESS? BY WHOM?

I would like to visit the school once a month to see how Marvin is doing.

## V. OTHER COMMENTS.

I think Marvin doesn't do his homework because it is too hard -- I would like to talk to someone about this.

## SAMPLE LETTER REQUESTING A REVIEW OF THE CHILD'S I.E.P.

(May be handwritten)

(your address)
(your phone number)
(today's date)

Mr./Mrs./Ms. ____________________
Director of Special Education
(School's name)
(Address of the school)

Dear ______________________:

I am the parent of __________________, age _____, who is a student at ________________________ school.

I believe that my child would benefit from a change in his/her Individualized Education Program. I am requesting that a meeting be scheduled so we may discuss this matter and revise _________________'s IEP.

Thank you.

Sincerely,

(your name)

Copy sent to: (Example)
Adrian Nunez, Director
Head Start Program
Papago Tribe of Arizona
P.O. Box 837
Sells, AZ 85634
383-2221, ext. 230

or

Virgil Walker, Principal
Baboquivari High School
Indian Oasis School
District #40
P.O. Box 248
Sells, AZ 85634
383-2247

Jean Tyson, Principal
Santa Rosa Ranch School
Sells Star Route, Box 230
Tucson, AZ 85735
383-2359

# WHAT SHOULD I KNOW ABOUT SCHOOL RECORDS?

The United States has another law of importance to you:

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT IS FOR ALL CHILDREN IN PUBLIC ELEMENTARY, MIDDLE, AND HIGH SCHOOLS.

This law gives parents, guardians and older students some rights to educational records.

EDUCATIONAL RECORDS means:

REPORTS, TESTS, AND OTHER MATERIALS WHICH HAVE INFORMATION ABOUT YOUR CHILD. THE SCHOOL KEEPS THE RECORDS.

You have SPECIFIC RIGHTS concerning your child's school records.

You have the RIGHT to ask:

- For a list of your child's education records. The school should let you look at those records within 45 days. You should be able to see the records before a planned due process or I.E.P. meeting.
- For another person to look at the records.
- What the records mean if you do not understand them.
- For copies of Individual Educational Programs or other education records.
- The school to change educational records if you believe that the information contained in the records is not correct, not truthful or violates the privacy or other rights of your child.

## RIGHT TO CONFIDENTIALITY

You have the RIGHT to know which staff within the school district can see the records. In the case of a medical emergency, specific information may be given to a person dealing with the emergency.

The school may show your child's records to:

- SCHOOL DISTRICT STAFF WHO NEED TO SEE THEM.
- A NEW SCHOOL WHICH YOUR CHILD IS TO ATTEND.
- THE COMMISSIONER OF EDUCATION.

Before ANYONE ELSE can see the records, YOU SHOULD GIVE APPROVAL.

Your consent (approval) should:

- BE SIGNED AND DATED.
- INCLUDE THE RECORDS TO BE SHARED.
- INCLUDE THE PURPOSE FOR SHARING.
- INCLUDE THE PERSONS WHO HAVE ASKED TO SEE THE RECORDS.

One permission form for sharing is NOT PERMISSIBLE. The school should keep a list of the people who have seen the records.

# WHAT IS DUE PROCESS?

DUE PROCESS is a term based on the 14th Amendment to the United States Constitution. DUE PROCESS means that no county, state, or school district can take away certain rights without:

> TELLING THE INDIVIDUAL WHAT IT PLANS TO DO (WRITTEN NOTIFICATION).
>
> HOLDING A HEARING (TALKING TO WITNESSES, LOOKING AT DOCUMENTS, HAVING A DECISION MADE BY AN IMPARTIAL HEARING OFFICER).

The EDUCATION FOR ALL HANDICAPPED CHILDREN ACT of 1975, Public Law 94-142, guarantees parents, children and schools the right to due process hearings. This law also guarantees to each handicapped child a free appropriate public education. Either you, or the school district may ask for a due process hearing.

# WHAT ARE THE STEPS IN DUE PROCESS?

- TALK WITH YOUR CHILD'S TEACHER, PRINCIPAL AND/OR SPECIAL EDUCATION COORDINATOR. MANY DIFFERENCES CAN BE SETTLED WITHIN THE BUILDING IN WHICH YOUR CHILD IS RECEIVING SERVICES. TALKING WITH SCHOOL PERSONNEL IS ALWAYS THE FIRST STEP TO SOLVING PROBLEMS.
- ASK FOR AN INDIVIDUAL EDUCATION PLAN REVIEW MEETING TO DISCUSS YOUR DISAGREEMENTS.
- ASK THE LOCAL SCHOOL DISTRICT FOR A DUE PROCESS HEARING.
- THE HEARING IS ARRANGED BY THE SCHOOL DISTRICT DIRECTLY RESPONSIBLE FOR EDUCATING YOUR CHILD.

  The school will pay the cost of the hearing. There are no costs for you unless you hire a lawyer or pay individuals to speak on your child's behalf. The school should tell you of any free or low-cost legal services.
- TIME BETWEEN NOTICE OF REQUEST FOR A HEARING AND DECISION OF THE HEARING OFFICER SHOULD BE NO LATER THAN 45 DAYS, UNLESS THE SCHOOL AND YOU AGREE TO A LONGER PERIOD OF TIME.
- THE HEARING IS HELD AT A TIME AGREED UPON BY YOU AND THE SCHOOL.
- YOU DECIDE IF YOUR CHILD WILL ATTEND THE MEETING.
- YOU CAN CHOOSE TO HAVE AN OPEN OR CLOSED HEARING.

- A LAWYER OR INDIVIDUAL WHO HAS SPECIAL KNOWLEDGE OF THE PROBLEMS OF HANDICAPPED CHILDREN MAY ATTEND THE MEETING.

YOU, THE LAWYERS, AND OTHER PERSONS REPRESENTING YOUR CHILD:

- CAN PRESENT FACTS WHICH SUPPORT YOUR CASE.
- CAN QUESTION ANY INFORMATION AT THE HEARING THAT HAS NOT BEEN SHARED AT LEAST 5 DAYS BEFORE THE HEARING.
- WRITTEN FINDINGS OF THE FACTS AND A DECISION FROM THE HEARING OFFICER ARE ISSUED WITHIN 45 DAYS OF THE REQUEST FOR THE HEARING, UNLESS YOU AND THE SCHOOL HAVE AGREED TO EXTEND THE TIME.

  You can ask for a typed transcript or tape recording of the hearing.
- IF YOU DISAGREE WITH THE DECISION, YOU MAY APPEAL THE LOCAL DECISION BY ASKING FOR ASSISTANCE FROM THE ARIZONA DEPARTMENT OF EDUCATION. YOU WILL RECEIVE A WRITTEN DECISION WITHIN 30 DAYS.
- SUE IN STATE OR FEDERAL COURT.

# WHEN IS A DUE PROCESS HEARING APPROPRIATE?

You may request a due process hearing WHEN THERE IS A DISAGREEMENT that cannot be resolved to your satisfaction.

You may ask for a due process hearing when you:

- DO NOT AGREE WITH THE IDENTIFICATION OF YOUR CHILD AS HANDICAPPED
- DO NOT AGREE WITH THE SCHOOL'S TESTING RESULTS
- THINK THE TESTING IS INCOMPLETE
- DO NOT AGREE ON WHO SHOULD PAY THE COST OF AN INDEPENDENT EVALUATION
- DO NOT AGREE WITH YOUR CHILD'S PLACEMENT
- DO NOT AGREE WITH THE TYPE OR AMOUNT OF RELATED SERVICES YOUR CHILD IS RECEIVING
- ARE NOT SATISFIED WITH TRANSPORTATION, SPEECH/LANGUAGE THERAPY AND/OR PHYSICAL THERAPY SERVICES FOR YOUR CHILD
- DISAGREE WITH WHAT THE SCHOOL WANTS TO PUT IN THE INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.)
- DO NOT RECEIVE WRITTEN NOTICE OF THE SCHOOL'S INTENT TO CHANGE YOUR CHILD'S PROGRAM
- DO NOT RECEIVE WRITTEN NOTICE OF THE SCHOOL'S INTENT TO EVALUATE, PLACE, OR EXPEL YOUR CHILD

# SAMPLE LETTER REQUESTING A DUE PROCESS HEARING

(May be handwritten)

(Your address)
(Your phone number)
(Today's date)

Mr./Ms. _______________
Superintendent of Schools
Name of School District
Address of School District

Dear ___________________:

I am the parent of ______________________, age ___.
My child is a student at ______________________ school.

I have talked with people at my child's school and we do not agree (example: about the placement of my child) or with (example: the decision by the school to stop speech therapy). I am, therefore, asking that a hearing be scheduled before an impartial hearing officer so that I can present my position and ask for a decision on _________________'s (placement, services).

I would like to schedule an appointment to look at,copy and/or receive a copy of my child's school records before the hearing.

Please let me know when I can see the records. Thank you.

Sincerely,

(Your name)

NOTE: Keep a copy of this and all other correspondence. (Please see next page for examples of where to send copies).

Copy sent to: (EXAMPLE)

Mr. Mike Ryan
Superintendent
Indian Oasis School
District #40
P.O. Box 248
Sells, AZ 85634

or

Mrs. Sylvia Wimmer
Bureau of Indian Affairs
Papago Agency
P.O. Box 578
Sells, AZ 85634
383-2611, ext. 5294
Radio #50

Mrs. Ann Francisco
Principal
Indian Oasis Elementary
School District #40
P.O. Box 248
Sells, AZ 85634
383-2230

__________, Principal
Santa Rosa Day and
Boarding School
Bureau of Indian Affairs
Santa Rosa School
Sells, AZ 85634
383-2330

# APPENDIX I

## SCHOOL ADDRESSES

A. Indian Oasis School District #40

1. Administration - Mr. M. Ryan, Superintendent
   P.O. Box 248
   Sells, Arizona 85634
   383-2234

2. Indian Oasis Elementary School
   P.O. Box 248
   Sells, AZ 85634
   383-2230 or 383-2239
   Mrs. A. Francisco, Principal

3. Topawa Elementary School
   Topawa, AZ 85634
   383-2312
   Sister Juliana, Principal

4. Baboquivari High School
   P.O. Box 248
   Sells, AZ 85634
   383-2247
   Mr. Virgil Walker, Principal

B. Bureau of Indian Affairs

1. Special Education
   Mrs. Sylvia Wimmer
   Papago Agency
   P.O. Box 578
   Sells, AZ 85634
   383-2611, Ext. 5294
   Radio #50

2. Kerwo Day School
   Box 8
   Ajo, AZ 85321
   383-2419

3. Santa Rosa Day and Boarding School
   Sells, AZ 85634
   383-2330 and 383-2331
   , Principal

4. Santa Rosa Ranch School
Sells Star Route Box 230
Tucson, AZ 85735
383-2359
Mrs. J. Tyson, Principal

5. Vaya Chin Day School
Papago Agency
Sells, AZ 85634
383-2410
Radio: Portable 3

C. Papago Tribal Programs

1. Department of Education
The Papago Tribe of Arizona
P.O. Box 837
Sells, AZ 85634
383-2221, Ext. 270, 278, 288

2. Early Childhood/Headstart
P.O. Box 837
Sells, AZ 85634
383-2221, Ext. 230, 231, 286
or 383-2611, Ext. 5205

Contact: Mr. Adrian Nunez
Mr. Edward Encinas
Mrs. Madeline Matthews

# RESOURCES IN TUCSON METROPOLITAN AREA

1. Architectural Barriers Action League, Inc.
   c/o E.R. Thieson
   8320 E. Marlena Circle South
   Tucson, AZ 85715

2. Arizona Association for Children with Learning Disabilities
   11225 E. Stetson Place
   Tucson, AZ 85715
   Contact: Shirley Hilts-Scott
   (602) 749-3942

3. Arizona State Department of Education
   402 W. Congress
   Room 310
   Tucson, AZ 85701
   Contact: Karen Davis or Dick Dowell
   628-5960

4. Arizona Child Find Services for Handicapped Persons
   Ages 0-21
   Arizona Department of Education
   Division of Special Education
   1535 W. Jefferson
   Phoenix, AZ 85007
   1-800-352-5468 (toll free) ask for Alicia

5. Arizona State School for the Deaf and Blind
   1200 W. Speedway Blvd.
   Tucson, AZ 85703
   (602) 628-5357

   Departments:

   Arizona Diagnostic Treatment and Evaluation Center
   Contact: Dr. Jim Heriot
   (602) 628-5277

   Deaf and Hearing-Impaired
   Contact: Jim Keller, Director
   (602) 628-5280

   Blind and Visually-Impaired
   Contact: Noel Stephens, Director
   (602) 628-5280

Center for Hearing Impaired Children
Contact: Linda Meiners, Outreach Coordinator
(602) 628-5126

Visually Impaired Preschool
Contact: Gayle Prillaman, Outreach Coordinator
(602) 628-5152

6. Arthritis Foundation
3813 E. 2nd St.
Tucson, AZ 85716
Contact: Warren Benson
(602) 326-2811

7. Cerebral Palsy Foundation of Southern Arizona
3825 E. Second St.
Tucson, AZ 85716
Contact: Karen Newman
(602) 325-1517

8. Easter Seal Society
920 N. Swan Rd.
Tucson, AZ 85711
Contact: Martha Robertson
(602) 795-7542

9. Developmental Disabilities
State of Arizona
Department of Economic Security
P.O. Box 13178
Tucson, AZ 85732
Contact: Children's Services Manager
(602) 745-5588

10. Pima Council on Developmental Disabilities
1310 N. Alvernon Way
Tucson, AZ 85712
Contact: Ron Barber
(602) 881-6668

11. Metropolitan Independent Living Center
3333 E. Grant Rd.
Tucson, AZ 85716
Contact: John or Wendy Schadt
795-2893

# APPENDIX II

## GLOSSARY

Consent - Usually parental approval - gives permission for school to test a child or place a child in special education.

Diagnosis - Determining or analyzing the cause or nature of a specific problem.

Due process hearing - Scheduled meetings with the school to resolve (settle) any concerns you have of the identification, evaluation and placement of your child.

Evaluation - Procedures (testing) to determine a child's strengths and needs. For example, a psychologist evaluates how a child learns, thinks, and problem solves; a speech pathologist evaluates how a child listens and talks.

Identification - Finding children with special needs through vision and hearing screenings. Consideration of slow school progress, emotional and/or motor problems also are ways of identifying children who need special education.

Least restrictive environment - Handicapped children in public or private institutions or other care facilities are educated with children who are not handicapped.

Placement - The school setting where the handicapped child is taught.

Public Law 94-142 - This federal law was passed in 1975. It requires each state to provide "a free and appropriate public education to all handicapped children".

"Free" means at no cost to the parents
"Appropriate" means designed for the individual child's needs
"Public" means in public schools as much as possible

Referral - A process by which a parent or teacher can ask to have a child evaluated. If the teacher thinks that a child has a problem and makes a referral for an evaluation, the parent or guardian must first give written consent before the evaluation can be conducted.

Screening - A way to identify children who may need specific treatment (for example, hearing aids, eye glasses, or immunization shots). Screening also identifies children who need to be referred for an evaluation.

# APPENDIX II

# WHO ARE THE SPECIALISTS? WHAT DO THEY DO?

## I. GENERAL CARE

### A. Pediatrician

1. A medical doctor who cares for children, ages birth to 21

2. What a Pediatrician does:

   - asks parents questions about their child's health and development
   - does physical examinations
   - observes the child
   - asks what the child eats
   - asks how the child sleeps
   - sends the child to other specialists if the child seems to have special problems

## II. SPEECH, HEARING, AND LANGUAGE SPECIALISTS

### A. Speech-Language Pathologist

1. A person with specialized University training who:

   a. Tests and cares for children and adults who have speech problems

   b. Tests and cares for children and adults who do not talk, or who cannot understand language, or who use just a few words.

2. A speech-language pathologist is also known as a speech/language clinician

3. What a speech-language pathologist does:

   - talks with parents and the child's teacher about their child's speech and language at home and in school
   - talks with children to learn about their speech and language
   - tests children's speech
   - tests how children understand language

- tests how children use language
- teaches children, usually in one-to-one sessions or in small groups
- helps the child's teacher with ideas for the classroom
- helps the parents with ideas for home

B. Audiologist

1. A person with specialized University training who:

    a. Screens hearing

    b. Tests for hearing problems

    c. Recommends hearing aids

    d. Helps decide on the best hearing aid

2. What an Audiologist does:

    - screens hearing
    - finds hearing problems
    - tells what a child or adult can or cannot hear
    - looks in the ears to see the ear drum and checks for wax
    - finds ear problems and asks a doctor to help diagnose the problem
    - helps the school with the education of children who have hearing problems

C. Otolaryngologist

1. A medical doctor who:

    a. Diagnoses and cares for problems in the ear, nose, and throat

    b. Is also known as an Ear, Nose, and Throat doctor (E.N.T.)

2. What an Otolaryngologist does:

    - looks at ears, noses, throats to diagnose and treat any problems
    - gives medicine
    - does surgery
    - works with an audiologist

## III. EYE SPECIALISTS

### A. Ophthalmologist

1. A medical doctor who:

   a. Diagnoses and cares for diseases, injuries, or birth defects of the eyes

2. What an ophthalmologist does:

   - looks at eyes using lights, pictures, toys (for children), and other instruments
   - prescribes glasses
   - prescribes medicine
   - does eye surgery

### B. Optometrist

1. A person with special training who looks at the eyes to diagnose problems with seeing

2. There are some optometrists who specialize in prescribing low vision aids

3. What an Optometrist does:

   - observes visual development
   - tests visual functioning
   - prescribes glasses
   - does visual training
   - helps teachers choose classroom materials, the best seating, and the best lighting

### C. Optician

1. A person with special training to:

   a. Make lenses for glasses

   b. Make the frames for glasses

   c. Put the lenses into the frames

2. What an Optician does:

   - helps pick out the frame
   - measures the head so the frame fits
   - cuts and grinds the lenses
   - cuts and grinds contact lenses

## IV. BONE, MUSCLE AND PHYSICAL DEVELOPMENT SPECIALISTS

A. Orthopedist

1. A medical doctor who:

    a. Diagnoses and cares for problems with bones, muscles, and joints

2. What an Orthopedist does:

    - sets broken bones
    - tells what kind of braces or special shoes a person needs
    - tells a physical or occupational therapist what kinds of exercises a person needs to build muscle strength
    - does surgery

B. Physical Therapist

1. A person with specialized University training who helps people walk, sit, and move

2. Helps people with wheelchairs, braces, special shoes, and crutches

3. What a Physical Therapist does:

    - tests children's muscles and strength
    - helps a child walk, crawl, sit, stand
    - gives a child exercises to make him or her stronger

C. Occupational Therapist

1. A person with specialized University training who helps people use their hands, learn self-help skills, learn how to play, and learn job skills

2. What an Occupational Therapist does:

    - tests how children use their muscles to eat, dress, and use their hands
    - teaches children how to feed themselves, dress, use the toilet, and wash
    - teaches children how to use their hands
    - gives a child exercises to make him or her stronger
    - plans job training programs based on each child's abilities
    - teaches job skills

## V. BRAIN AND BEHAVIOR SPECIALISTS

### A. Psychologist

1. A person with specialized University training who observes, tests, and helps children and adults who have behavior problems, problems with learning, school or home problems

2. There are many kinds of psychologists - school psychologists, child psychologists, adult psychologists

3. What a Psychologist does:

    - may ask children questions about what they like or dislike about school, about home, about him or herself
    - observes children playing alone and with others
    - asks parents questions about their child, about any problems at home, about themselves
    - observes children with their parents
    - gives tests that look at thinking, language and remembering
    - plays and talks with children to help them learn
    - helps parents and children together
    - helps the school with the child's program

### B. Psychiatrist

1. A medical doctor who:

    a. Diagnoses and helps with behavior and learning problems

    b. Diagnoses behavior and learning problems that are caused by problems in the brain

    c. There are many kinds of psychiatrists - some only care for children, others only care for adults

2. What a Psychiatrist does:

    - gives medicine to help control behavior
    - observes children or adults at home or at school
    - talks with children or adults about what they like or dislike, home, school, fears, or about themselves

C. Neurologist

1. A medical doctor who:

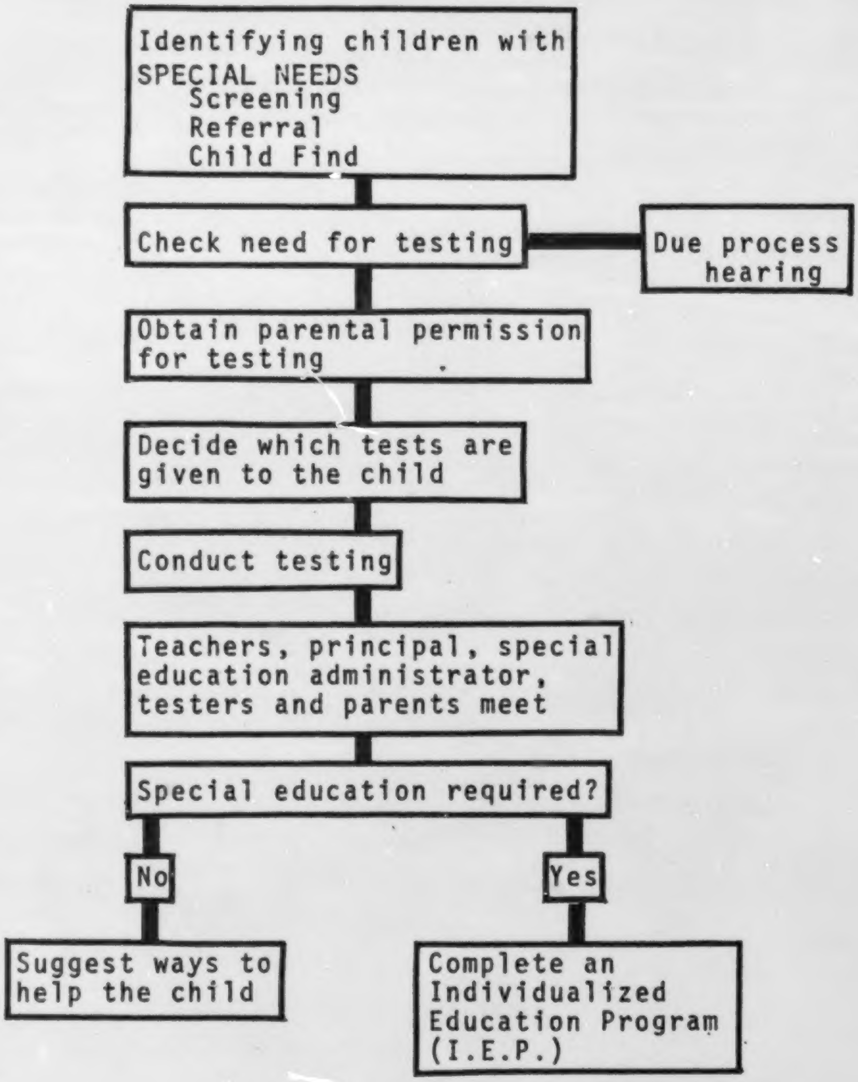
   a. Tests and cares for problems with the brain

2. What a Neurologist does:

   - does physical examinations
   - looks at how we see, hear, feel, taste, and smell
   - looks at how we move
   - does special tests to look at the brain
   - diagnoses and treats epilepsy and cerebral palsy

# APPENDIX III

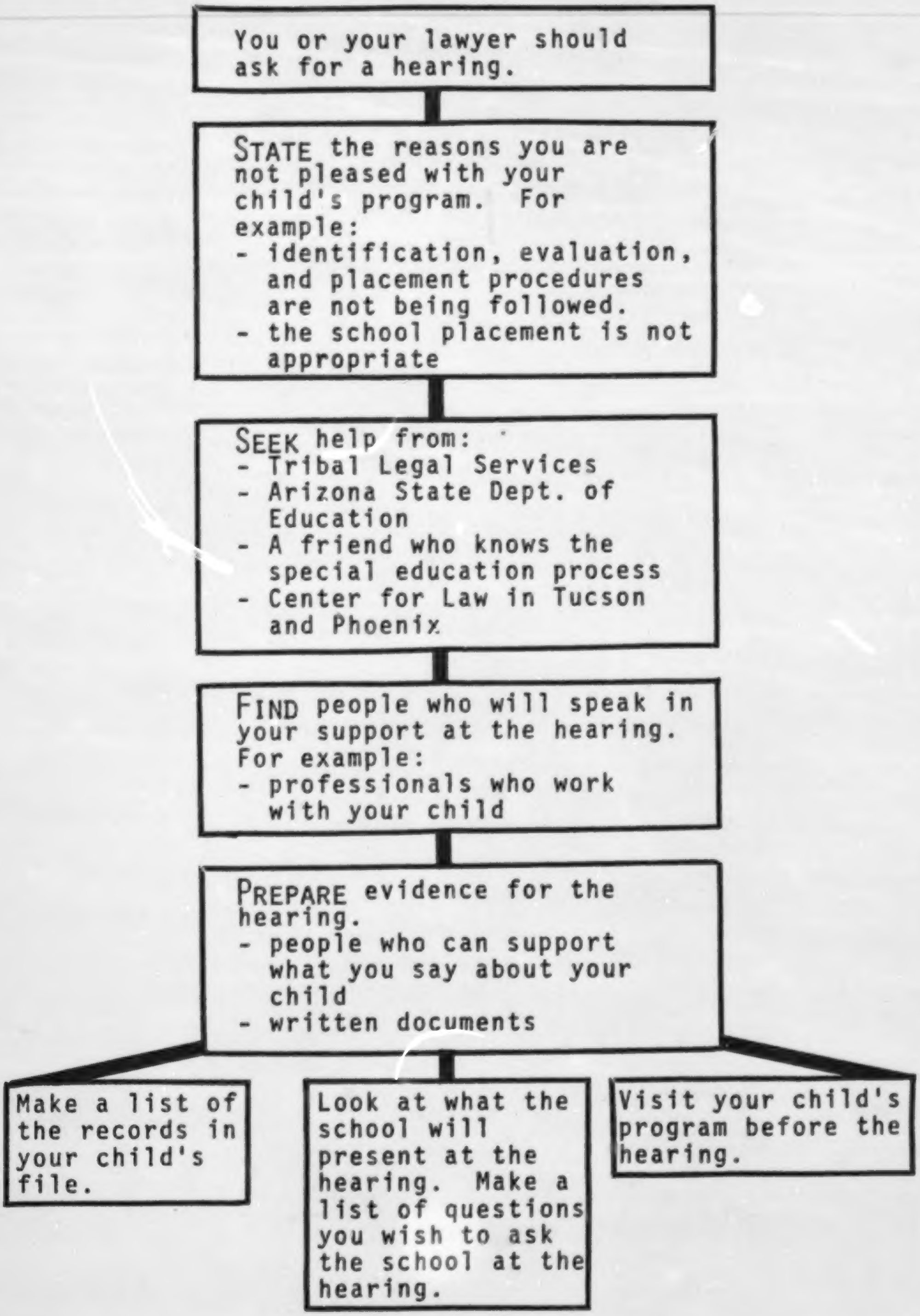
# WHAT IS THE IDENTIFICATION, EVALUATION AND PLACEMENT PROCESS?


Identifying children with SPECIAL NEEDS
Screening
Referral
Child Find
Check need for testing
Due process hearing
Obtain parental permission for testing
Decide which tests are given to the child
Conduct testing
Teachers, principal, special education administrator, testers and parents meet
Special education required?
No
Yes
Suggest ways to help the child
Complete an Individualized Education Program (I.E.P.)

*Adapted from Chalfant, J.C., et al. Developing an Individualized Education Program in accordance with PL 94-142.

# APPENDIX IV

## HOW DO YOU PREPARE FOR A HEARING?



You or your lawyer should ask for a hearing.

STATE the reasons you are not pleased with your child's program. For example:
- identification, evaluation, and placement procedures are not being followed.
- the school placement is not appropriate

SEEK help from:
- Tribal Legal Services
- Arizona State Dept. of Education
- A friend who knows the special education process
- Center for Law in Tucson and Phoenix

FIND people who will speak in your support at the hearing. For example:
- professionals who work with your child

PREPARE evidence for the hearing.
- people who can support what you say about your child
- written documents

Make a list of the records in your child's file.

Look at what the school will present at the hearing. Make a list of questions you wish to ask the school at the hearing.

Visit your child's program before the hearing.

# WHO IS THE IMPARTIAL HEARING OFFICER?

THE LAW REQUIRES the school district to keep a list of persons who have been trained as hearing officers. When you ask for a due process hearing, the school will choose an officer from the district's list. The school district MAY PAY for the hearing officer's time. He/she should not be involved with you or your child. If you feel that the hearing officer is involved in the education or care of your child, you should write to the school and state reasons why you believe there is a problem as soon as you become aware of it.

# WHAT HAPPENS AFTER THE DUE PROCESS HEARING?

## CHILD'S PLACEMENT

Your child must stay in his or her program until the hearing has been held and a decision has been made, unless you and the school agree to some other placement.

## WRITTEN DECISION

The hearing officer must send out written findings to you and the school 45 days from the date you asked for the hearing. If you or the school do not agree with the decision of the hearing officer, you may make an appeal. Otherwise you must follow the recommendations of the hearing officer.

## MAKING AN APPEAL

- YOU OR THE SCHOOL CAN ASK FOR AN ADMINISTRATIVE REVIEW.
- THE ADMINISTRATIVE HEARING APPEAL CAN BE OBTAINED THROUGH THE DIVISION OF SPECIAL EDUCATION, ARIZONA DEPARTMENT OF EDUCATION. AN APPEAL OFFICER (A LAWYER) WILL REVIEW YOUR HEARING.
- THE ARIZONA DEPARTMENT OF EDUCATION SHOULD RECEIVE THE APPEAL WITHIN 10 DAYS AFTER THE DECISION OF THE HEARING OFFICER HAS BEEN RECEIVED BY YOU AND THE SCHOOL.

Appeals must be sent or delivered to:

Division of Special Education
Arizona Department of Education
1535 West Jefferson
Phoenix, AZ 85007

In your appeal, tell the appeal officer what evidence (people who can support what you say about your child and/or written documents) you presented which supports your position.

THE APPEAL OFFICER WILL:

- LOOK AT THE HEARING RECORD
- MAKE SURE THAT THE HEARING FOLLOWED DUE PROCESS PROCEDURES
- ASK FOR ADDITIONAL EVIDENCE IF NECESSARY
- MAKE A DECISION BASED ON A REVIEW OF THE EVIDENCE AND WRITTEN ARGUMENTS (CLOSING DISCUSSIONS)

The final decision of the hearing appeals officer will be mailed to both sides within 30 days after receiving request for the review.

If you or the school disagree with the decision, a lawsuit can be filed. Otherwise you must follow the recommendations of the appeals officer.

# APPENDIX V

# CAN THE SCHOOL SUSPEND OR EXPEL MY HANDICAPPED CHILD?

Public Law 94-142 requires schools to provide a FREE and APPROPRIATE EDUCATION for all handicapped students. What happens when your handicapped child disobeys school rules, hurts other children, or continues to be a behavior problem? What action can the school take?

Public Law 94-142 does not have rules or regulations for discipline. The Federal Courts have interpreted the law in different ways. Every public, BIA, private or residential school has its own rules and regulations for handling discipline problems of handicapped students. These rules and regulations are based on the Federal Court decisions.

The following may be considered BEST PRACTICE in managing the discipline of handicapped children:

> If it is determined that the incident is not related to the handicap, and the placement is appropriate, then your child can be suspended for the appropriate period of time, NOT TO EXCEED TEN SCHOOL DAYS. In an emergency such as where your child is dangerous to himself/herself or others, and no immediate alternative exists (such as a temporary, more restrictive

classroom), your child may be suspended without a review, for no more than ten school days.

If the particular incident is related to your child's handicapping condition, or if it is determined that the current placement is not appropriate, then the school must consider what changes in programs or placement are necessary. Any changes must then be made in your child's I.E.P.

EXAMPLE: A hearing impaired student may be in a regular classroom and may be a behavior problem. His or her actions may be a result of frustration. In a more structured program, the child might experience less frustration and be more cooperative. The hearing problem might be the cause of the behavior problems. These possibilities must be properly considered before the school can take any action against the child.

## EXPULSION

Expulsion can be thought of as a change in educational placement. A school cannot expel your handicapped child but must follow the procedures for change in placement as prescribed in Public Law 94-142. The school cannot avoid the legally required procedures which are otherwise available to you and your handicapped child because the issue is one of discipline.

When a school wants to expel your child because he or she is a behavior problem, a review of placement MUST be held. The school must determine if the handicapping condition is the cause of your child's problem. If the handicap is the cause of the problems, the school must find a more appropriate placement for your child. If there is another placement that is more appropriate, the the I.E.P. must be rewritten and the new placement provided.

You or the school may request a due process hearing when:

THERE IS A DISAGREEMENT ON AN APPROPRIATE CHANGE IN PLACEMENT

THERE IS DISAGREEMENT ON WHETHER THE HANDICAPPING CONDITION IS RELATED TO THE DISRUPTIVE BEHAVIOR

THERE IS AGREEMENT THAT THE BEHAVIOR PROBLEM IS NOT RELATED TO THE HANDICAP, BUT DISAGREEMENT ON THE APPROPRIATE PLACEMENT

# APPENDIX VI

# CHECKLIST FOR PARENTS

# SPECIAL EDUCATION PLACEMENT

A. Identification

1. Who thinks your child needs special help?

   ______________________________________________

2. If the school says that your child has problems, what are they?

   ______________________________________________

   ______________________________________________

3. Do you agree that problems exist?

   Yes No*

B. Referral

1. Who asked for your child to be evaluated?

   _____ the child

   _____ you, his parent/guardian

   _____ his teacher

   _____ someone else (name) ____________________

2. Was the referral made in writing?

   Yes No*

3. What was/will be the date of referral?

   ________________________

C. Evaluation

1. Does the school know what language your child understands best?

   Yes No*

2. Does the school know what language your child speaks?

Yes No*

3. Has the school received your written permission to test your child?

Yes No*

4. When was/will the testing be completed?

______________________
(date)

5. What procedures were/will be used?

Educational tests (to understand how your child solves problems, remembers, and learns with words)

a. ______________________________________

b. ______________________________________

c. ______________________________________

Interviews: (With Whom?)

__________________________________________

__________________________________________

Medical examinations:

a. Physical (doctor) ____________________

____________________
(date)

b. Neurological (doctor) ________________
(tests the brain)

________________
(date)

c. Psychiatric (doctor) _________________

_________________
(date)

d. Vision screening ____________________

____________________
(date)

e. Hearing screening ______________________

______________________
(date)

6. Have these tests been carried out in the language your child understands and speaks best?

Yes No*

7. Have all these tests been explained to you in words you can understand?

Yes No*

8. Do you have any questions about the tests, interviews or medical examinations?

Yes No

9. Do you have questions about the results of the tests, interviews or medical examinations?

Yes No

Write your questions here:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

10. Do you think the school people know what your child can do?

Yes No*

11. Do you think they know what your child needs?

Yes No*

D. Placement

1. Have the regular class teacher, special teacher, principal, special education administrator and testers met with you in a conference?

   Yes No

   When? ________________________________

2. In the conference (or before) were you told of your rights? (1) To obtain an independent evaluation, (2) to give permission or to not give permission to any special education program or change in program, (3) to review your child's records, (4) to review your child's program (services).

3. Did you attend the conference?

   Yes No

4. Were the following people present at the conference? The school principal or the special education administrator for the school, a teacher who has had the child in class (if the child has been in school), and members of the testing team.

   Yes No*

   If "no," who was missing? ____________________

5. Will your child receive special education services?

   Yes No*

6. What handicap does your child have according to school personnel?

   ______________________________________________

7. Do you agree that your child is handicapped?

   Yes No

8. What special education classes and other help will your child receive?

   ______________________________________________

   ______________________________________________

   ______________________________________________

9. Do you think this program meets all your child's educational needs?

Yes No

a. If not, what else does he/she need?

________________________________________

________________________________________

b. Have you asked the school officials to provide these services?

Yes No

c. What was their response?

________________________________________

10. Has an individual education program (IEP) been developed in the conference?

Yes No*

11. Does this IEP include:

a. What your child can do now? Yes No*

b. What you want your child to be able to do in a year? Yes No*

c. Ways that the school will teach your child? Yes No*

d. The specific services to be provided? Yes No*

e. How much time your child will spend in regular education programs? Yes No*

f. Dates for these services to start and stop? Yes No*

g. Ways you can tell whether your child can do what you and the school want him to do in a year? Yes No*

12. Have you been asked to sign a permission form so that your child can be placed in special education?

Yes No*

13. Have you signed the permission form?

Yes No*

14. Have these special education services begun within 90 school days?

Yes No*

E. Review of Placement

1. Have you been given a copy of a written review of placement once each year?

Yes No*

* If you check any answer marked by an asterisk (*), a problem has arisen or proper procedure has not been followed and you should try to correct the situation.

Adapted from a questionnaire developed by Arizona Center for Law in the Public Interest.

# APPENDIX VI

# CHECKLIST FOR DUE PROCESS

| | Yes | No |
|---|---|---|
| 1. Did you receive WRITTEN NOTICE from the school of plan to change your child's school program? | _____ | _____ |
| 2. Did you receive permission forms for: | | |
| a. Identification process | _____ | _____ |
| b. Evaluation process | _____ | _____ |
| c. Placement process | _____ | _____ |
| 3. Did you have an opportunity to examine school records concerning: | | |
| a. Identification | _____ | _____ |
| b. Evaluation | _____ | _____ |
| c. Placement | _____ | _____ |
| 4. Are you in agreement with the school's decisions concerning your child? | _____ | _____ |

# APPENDIX E

# PARENT INTERVIEW

# PARENT INTERVIEW

Name:
Address/Village:

Date:
Child's Name:

1. Was your child included in a screening program? ______Yes, ______No
2. Did you ask for help with your child's problem? ______Yes, ______No
3. Whom did you ask for help?______________________________
4. Was your child's problem evaluated indepth? ______Yes ______No
5. By whom?______________________________

   Agency: ______________________________
6. Were agency and staff helpful and supportive? ______Yes, ______No
7. How long was it between screening and evaluation?______________
8. Did your child receive service? ______Yes, ______No
9. From whom did your child receive service? ______________________
10. How much time went by between evaluation and when your child began to receive service? ______________________________
11. Was the treatment adequate? ______Yes, ______No
12. Has treatment been followed through? ______Yes, ______No
13. Did you have a chance to participate in the development of your child's Individual Education Program (IEP)? ______Yes, ______No
14. If so, did you feel comfortable about expressing your opinions and ideas? ______Yes, ______No
15. Do you think that all Special Education, and related services needed by your child were included in the IEP, and at no cost? ______Yes, ______No
16. Did you have an opportunity to participate in an IEP update conference? ______Yes, ______No How often______________________________

17. Do you feel that your child needs additional service? ______Yes, ______No

18. Have you requested these services? ______Yes, ______No

19. Was action taken upon this request? ______Yes, ______No

20. If action were taken, by whom? ________________________________________

21. Do you routinely receive a copy of the Individual Education Program developed for your child? ______Yes, ______No

Arizona Center for Educational
Research and Development
College of Education
University of Arizona

# APPENDIX F

## ASSESSMENT BY BEHAVIOR RATING MANUAL (REVISED)

# ASSESSMENT BY BEHAVIOR RATING MANUAL

by

Elizabeth Y. Sharp, Ph.D. and Carol A. Loumeau

College of Education - University of Arizona - 1975
Manual Revised 1982

A.NUNEZ

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# A Manual for the ASSESSMENT BY BEHAVIOR RATING

Elizabeth Y. Sharp, Ph.D. and Carol A. Loumeau

## PURPOSE

The Assessment by Behavior Rating (ABR) was developed for use by early education programs, like Head Start, serving two, three, and four year old children. It is a criterion-referenced instrument based on normative assessment. Baseline information is provided in four areas of growth and development: physical, self-help, language, and social. The language section has its theoretical foundation in Samuel A. Kirk's* model of the communication process.

The two major objectives of the instrument are: (1) to indicate individual strengths, weaknesses, or average development in physical skills, self-help skills, language skills, and social skills; (2) to indicate a child's developmental age in each of the four areas assessed.

## AREAS OF SPECIALIZED SCREENING

Medical Examinations. Early childhood programs like Head Start have performance standards that require all the children to have medical, and dental examinations. It should be pointed out that a medical examination may discover and diagnose a medical problem requiring medication or a limited program of physical activities, however, the educational goals remain the same as those for any other child. The teacher still will need to assess what the child can or cannot do, and keeping in mind any limitations, make educational plans for the child.

Screening for Hearing Impairment. Screening programs to identify hearing impairment are carried out in a variety of ways depending on the program. However, it cannot be stressed enough that screening for hearing impairment be done by an individual with whom the children are very familiar. For at least three weeks prior to screening for hearing impairment, prepatory activities should be part of the daily program. All too often this screening procedure is invalid because many preschool children do not know what is expected of them and are afraid of the earphones, and the stranger administering the test. Screening for hearing impairment should be administered three or four times during the academic year. It is suggested that classroom staff learn to administer the audiometric sweep test from the closest available health program and implement a screening program in coordination with the health facility.

Screening for Visual Impairment. Screening for visual impairment does not seem to be as upsetting to a preschool child as screening for hearing impairment. Again it is suggested that classroom staff learn the procedure, prepare the children, and implement a screening program in coordination with their liaison health facility.

Kirk, Samuel A. and Kirk, Winifred D., 1972. Psycholinguistic Learning Disabilities: Diagnosis and Remediation. University of Illinois Press.

Speech. After the children have been in school about five weeks, the teacher should plan to administer an articulation test like "The Harris Articulation Test"*. This simple but effective test, can be made by the teacher, and administered to the children individually. The test materials contain valuable information such as what sounds a child should have mastered at different ages. Often because of environmental factors, and bilingual factors some children need to become acquainted with the words in the test. This can be done with group activities. It must be remembered that what might be an articulation deficit in English, may not be in another language. An additional suggestion is the Goldman-Fristoe Test of Articulation published by the American Guidance Service, Inc.

## FUNCTION

The ABR can be used in the following ways:

(1) It can be used as a screening instrument. The ABR indicates those children with deficits in growth and development large enough to require detailed assessment in order to develop individual remedial programs.

(2) It can be used as an assessment instrument by staff who have a good background of the sequential patterns of development of physical skills, self-help skills, language skills, and social skills.

(3) It can be used to group children by ability level. It provides the teacher with the developmental ages for each child in physical skills, self-help skills, language skills and social skills. Therefore, grouping by ability is possible. It must be remembered that groups should be continually evaluated, with children moving from one group to another as their various skills develop. For example, a four year old child may be functioning at a developmental age of five in his physical skills, yet be functioning at a two year level in his auditory language skills. Therefore, he would participate in one group for activities concerned with physical skills, and another group for language skills.

Often children who are experiencing school for the first time demonstrate very noticable lags (deficits) in growth and development, usually due to environmental factors. Most of these children should not be considered handicapped because in a well organized classroom, where individual needs are considered with great care, they quickly catch up to their peers.

## CONTENTS

The ABR includes:

Cover Sheet: On this page space is provided for the child's name, the teacher's name, class, and program. There is space to record results, in developmental ages (DA) for Physical Skills, Self-Help Skills, and Language Skills for three administrations, at the beginning of the school year, in January, and at the end of the school year. There is space for the computation of chronological age. There is a space for the child's rating for Social Skills. There are two statements that require Yes or No answers. (1) Teacher requests assistance developing an education plan. _____ (2) Child needs further assessment. _____

---

*Available at "Program Development for Presschool Handicapped Indian Children," Department of Special Education, University of Arizona, Tucson, Arizona 85721.

Scale Items:

6 Items for Physical Skills. These may be divided in two: gross motor skills and fine motor skills. Gross motor skills are those skills involved in crawling, walking, running, and climbing. Fine motor skills involve such activities as cutting, using a pencil, eating, and dressing.

4 Items for Self-Help Skills. Basic self-help skills include eating, dressing, washing, and toileting.

12 Items for Language Skills. These are made up of a number of abilities that make it possible for a child to communicate with others, and with the world around him. There is a sequential pattern in the development of language skills that is comparable to going up stairs. It is necessary for a child to put his foot on each step and NOT skip any, for if he misses a step of the stairs of language development, he needs help in acquiring that skill if he is to be successful in the acquisition of language skills, and academic skills.

6 Items for Social Skills. These are the skills used in getting along with others. Social skills include emotional development. As young children grow they learn to get along with other children and with adults. They learn to control their emotions. However, some children have problems doing this and are often referred to as having a behavior disorder. The most common behavior disorders include aggression, and withdrawal. The identification of preschool children with behavior disorders is not difficult. The whole classroom staff from teacher to bus driver knows when a child has a behavior disorder. Often the staff is aware of the reasons causing the behavior disorder. Sometimes behavior disorders are short term caused by such events as the arrival of a new baby at home. It should be pointed out that occasionally a child's behavior problem is so severe medical and/or psychological services are required.

Directions for the Language Profile

Language Profile

## WHEN THE ABR SHOULD BE ADMINISTERED

It is recommended that the ABR be completed on all children in the classroom three times a year: at the beginning of the school year, in January, and at the end of the school year.

Children should have been in school at least four to five weeks before the ABR is administered. This segment of time provides the children with an opportunity to adjust to other children, strange adults, and a different environment. It also provides classroom staff with ample time to incorporate evaluative activities into the daily schedule.

## HOW TO ADMINISTER THE ABR

The same ABR may be used three times. Use a different COLOR pen each time, otherwise it is confusing and the rater's checks have little meaning.

Have all the necessary materials ready to use. See Materials List on page 9 .

Complete the COVER SHEET: Fill in the child's name, teacher's name, class and program. Compute the child's chronological age. After all the items on the ABR are completed and scored, the child's developmental ages for Physical Skills, Self-Help Skills, Language Skills are put on the Cover Sheet.

Chronological Age, CA, is how old a child is in years and months. In other words, how many years and months since the child was born. To compute a CA, subtract the child's birthdate from the current date, putting the year first, then the month, followed by the day.

| | |
|---|---|
| Current date: | 82 . 10 . 20 |
| Child's birthdate: | 78 . 4 . 10 |
| CA | 4 . 6 . 10 |

See examples on page 8 .

Developmental Age, DA, is the age at which a child is functioning. Child development is divided into areas: physical skills, self-help skills, language skills and social skills. As a child grows he acquires skills in each of these areas. For example, three year olds have acquired the same physical, self-help, language and social skills. Therefore, a child who is three, CA 3-0, usually has a Developmental Age of 3-0 for physical skills, self-help skills, language, and social skills. However, some children have developmental delays. For example, a child who is four, CA 4-0 may have a Developmental Age of 4-0 (DA 4-0) in physical skills, DA 4-0 in self-help skills, and a DA 2-0 in language skills. This indicates that although the child is four years old (CA 4-0), he is functioning at a two year level (DA 2-0) in the development of his language skills, and needs some help.

The ABR can be administered efficiently and easily as part of the daily schedule, IF careful plans are made by the classroom staff. The ABR is administered to small groups of children (4 or 5) by two staff members as part of the daily lesson plan. Prepare evaluative activities for each item, beginning with the items in physical skills. One staff member does the activity with the children. The other staff member rates each child. Complete the ABR Cover Sheet before beginning.

GROUPS: During the first few weeks of school OBSERVE the children in your class and STUDY the ABR. If you do this, it will be easy to make small groups of children who behave and function about the same.

EVALUATIVE ACTIVITIES: The manual gives Suggested Activities for EVERY item on the ABR. These are evaluative activities. In order to do the activities with the children, it is necessary to study the ABR Manual and make lesson plans. One staff member does the activities with the children.

RATING: While one staff member does the activities with the children, another staff member rates each child in the group. Put the child's first name, or initials on each page. Open each ABR to the correct page and rate each child at the level that best describes the way he does the activity. The ABR Manual provides Credit is Given When . . . for each item. It is necessary to study the ABR items, Suggested Activities, and Credit is Given When . . ., in order to rate the children correctly and accurately. Rating is done at the time of the activity NOT after the children have gone home, or before they arrive at school. This kind of rating is never accurate. It should be pointed out that in completing the ABR, the staff evaluates the individual child's level of functioning in each activity.

SCORING: Physical Skills 5 Items. There are six columns across the top of the page marked I, II, III, IV, V, VI. The child has received a rating for each of the 5 items in one of these columns. Count the number at the bottom of each column where it says "Totals." The column containing the most ratings is the child's developmental age (DA). For example,

| Physical Skills | I | II | III | IV | V | VI |
|---|---|---|---|---|---|---|
| 1. | | x | | | | |
| 2. | | | x | | | |
| 3. | | | | x | | |
| 4. | | | x | | | |
| 5. | | | x | | | |
| Totals | __ | 1 | 3 | 1 | __ | __ |

Developmental Age (DA)
First Assessment DA 3

Self-Help Skills 4 Items and is scored the same as Physical Skills.

Language Skills 12 Items. There are five columns across the top of the page marked II, III, IV, V and VI. Scoring is the same as for Physical Skills and Self-Help Skills. However, the Language Section of the ABR is on three pages, therefore, it is necessary to be careful when counting the check marks made by the rater.

Social Skills: The child's behavior is rated one of the following: (1) OK, (2) Aggressive, (3) Withdrawn, (4) Fearful, (5) Immature, or (6) Hyperactive, and other than OK, rated as Mild, Moderate or Severe. For example on the first assessment a child could be rated Aggressive-Severe. Transfer the rating to the Cover Sheet.

Examples of how to handle problem scoring:

| | I | II | III | IV | V | VI |
|---|---|---|---|---|---|---|
| 1. | | | x | | | |
| 2. | | | | x | | |
| 3. | | | x | | | |
| 4. | | | | x | | |
| Totals | | | 2 | 2 | | |

First Assessment DA 3½

| | I | II | III | IV | V | VI |
|---|---|---|---|---|---|---|
| 1. | | | x | | | |
| 2. | | | | | x | |
| 3. | | | | | x | |
| 4. | | | x | | | |
| Totals | | | 2 | | 2 | |

First Assessment DA 4

| | I | II | III | IV | V | VI |
|---|---|---|---|---|---|---|
| 1. | | x | | | | |
| 2. | | x | | | | |
| 3. | | | x | | | |
| 4. | | | | x | | |
| 5. | | x | | | | |
| 6. | | | x | | | |
| 7. | | | | x | | |
| 8. | | | | x | | |
| 9. | | x | | | | |
| 10. | | | | x | | |
| 11. | | | | x | | |
| 12. | | x | | | | |
| Totals | | 5 | 2 | 5 | | |

First Assesment DA 3

|  | I | II | III | IV | V | VI |
|---|---|---|---|---|---|---|
| 1. |  | x |  |  |  |  |
| 2. |  | x |  |  |  |  |
| 3. |  |  | x |  |  |  |
| 4. |  |  |  | x |  |  |
| 5. |  |  |  | x |  |  |
| Totals |  | 2 | 1 | 2 |  |  |

First Assessment DA 3

Language Profile: Developmental ages for each of the 12 items in the language section can be transferred to the Language Profile on page 7 of the ABR. Directions for completing the Language Profile are on page 7 of the ABR. Be sure to use a different colored pen each time a profile is completed. The ABR Manual contains a short definition of each of the 12 Abilities along with the items in the Language Section. It is important to become acquainted with these definitions as many children need extra help in the development of these abilities. The Language Profile can be used in two ways:

1. Individual Remedial Program. If a child's developmental age in language is a year below his chronological age, individual remedial work is needed. The Language Profile presents a picture of the child's strengths and weaknesses in the development of language abilities. The staff can use this information to plan remedial activities.

2. Grouping for Instruction. Compare the Language Profiles of children in the class, most often there are a number of profiles that are enough alike that it's possible to group the children for instruction. For example, individual Language Profiles could show that five children are low in the development of all Auditory/Verbal Abilities, therefore they can be grouped together for ins for instruction.

## WHEN TO REFER

When there is a difference of one year between a child's chronological age (CA) and his Developmental Age (DA) in anyone of the four areas of growth and development, referral for detailed assessment is recommended.

## COMPLETING THE COVER SHEET

For each assessment there are two statements that require a Yes or No answer:

1. Teacher requests assistance developing an education plan. _____

2. Child needs further assessment. _____

Be sure to complete these. Also, if the staff has any concerns about a child, indicate in the space under the second statement. For example: Dave needs his hearing tested.

## CA EXAMPLES

| | year | month | day |
|---|---|---|---|
| Current date | 81 | 9 | 28 |
| Child's birthday | 77 | 10 | 1 |
| CA | 3 | 11 | 27 |

| | year | month | day |
|---|---|---|---|
| Current date | 81 | 9 | 28 |
| Child's birthday | 77 | 4 | 30 |
| CA | 4 | 4 | 29 |

| | year | month | day |
|---|---|---|---|
| Current date | 82 | 6 | 23 |
| Child's birthday | 77 | 1 | 23 |
| CA | 5 | 5 | 0 |

| | year | month | day |
|---|---|---|---|
| Current date | 82 | 4 | 6 |
| Child's birthday | 77 | 6 | 8 |
| CA | 4 | 9 | 28 |

| | year | month | day |
|---|---|---|---|
| Current date | 82 | 1 | 11 |
| Child's birthday | 77 | 10 | 17 |
| CA | 4 | 2 | 24 |

| | year | month | day |
|---|---|---|---|
| Current date | 82 | 5 | 3 |
| Child's birthday | 78 | 8 | 7 |
| CA | 3 | 8 | 26 |

| | year | month | day |
|---|---|---|---|
| Current date | 82 | 8 | 30 |
| Child's birthday | 77 | 9 | 26 |
| CA | 4 | 11 | 4 |

| | year | month | day |
|---|---|---|---|
| Current date | 82 | 1 | 15 |
| Child's birthday | 78 | 2 | 23 |
| CA | 3 | 10 | 22 |

| | year | month | day |
|---|---|---|---|
| Current date | 81 | 10 | 6 |
| Child's birthday | 77 | 7 | 20 |
| CA | 4 | 2 | 16 |

## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING

Materials: the following is a list of materials needed in order to administer the ABR. To evaluate the children correctly, it is necessary to prepare materials in advance.

### PHYSICAL SKILLS

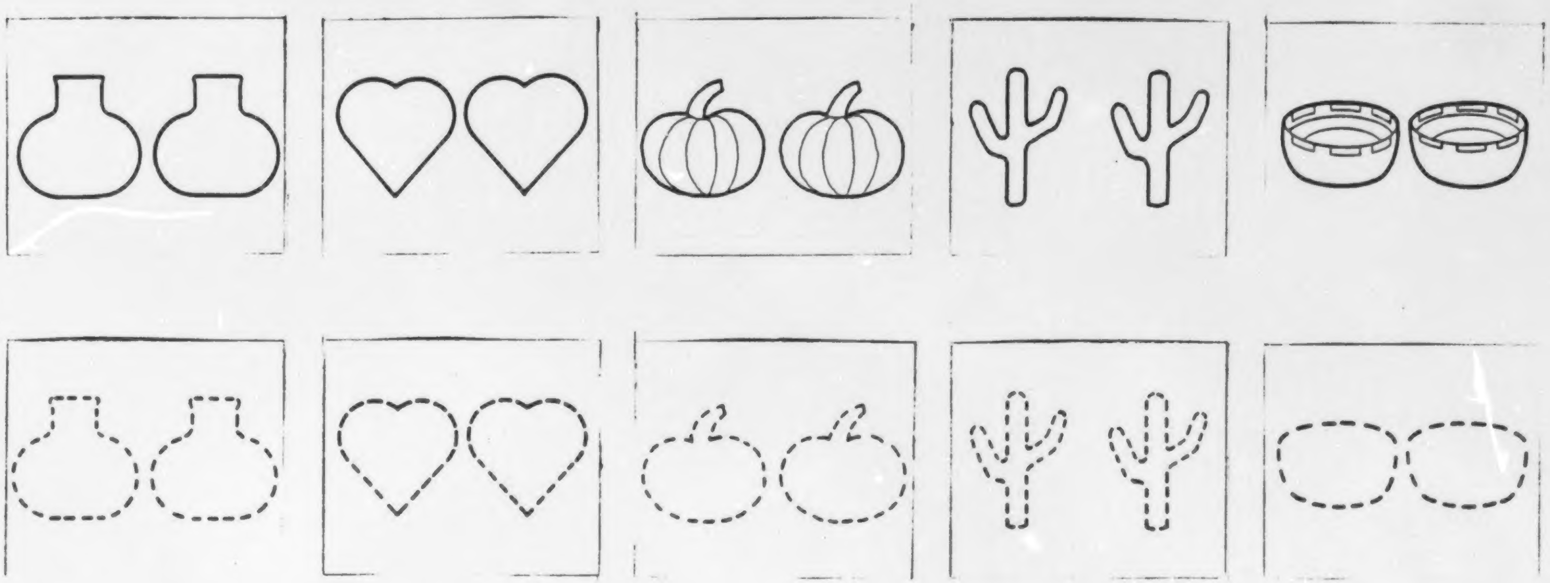
Item 2 Cutting

Materials: children's scissors (left and right handed), paste.

Years II, III, IV Using thick black crayon draw a 3-inch by 4-inch square or rectangle on construction paper. Prepare one for each child.

Year V Using pencil or narrow pen draw a 3-inch by 4-inch square or rectangle on construction paper. Prepare one for each child.

Year VI Prepare pictures for each child to cut out. Pictures should be at least 1½-inches by 1½-inches. On a piece of paper make an outline of where the child is to paste each picture. Examples:



## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING (continued)

Item 3 Using pencil

Materials: crayons, children's pencils, paper.

Year III Using black felt pen, draw a 3-inch circle on a piece of paper.

Year IV Draw a 3-inch square on a piece of paper.

Year VI Draw a 3-inch triangle on a piece of paper.

Item 4 Folding

Materials: paper.

Year I, II, III, IV Cut 12 pieces of paper, 9-inches by 9-inches, for each child.

Year V Cut 4 pieces of paper, 6-inches by 6-inches, for each child.

Year VI Cut 4 pieces of paper, 8-inches by 10-inches, for each child.

Item 5

Materials:

Years I, II, III Blocks that are 1½-inches by 1½-inches to 1½-inches by 3-inches.

Year IV Tinker Toys, Lincoln Logs, or Legos.

Year VI Small plastic beads approximately ½-inch long and a bottle or box with an opening not more than 2-inches wide.

SELF-HELP SKILLS

Item 1

Materials for Years I, II, III, IV, V, VI Belt with a buckle.

(a) Most school supply stores have a doll whose clothes contain buttons (small and large), snaps, hook and eye, zippers (end attached and ends separate), or have child's clothing that includes the above, or on a frame board, attach material in such a way that it includes the above.

## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING (continued)

Item 2 Eating

Years I, II, III, IV The children can be evaluated at lunch time, and at snack time.

Materials for Year V One quart pitcher and small plastic glasses.

Item 3 Washing

The children can be evaluated as they prepare for lunch or snack.

Materials: Comb and brush for each child.

### LANGUAGE SKILLS

Item 1 Auditory Discrimination

Materials:

Years III, IV Toy drum, bell, triangle, xylophone, tamborine.

Year V Pictures: pig, popcorn, monkey, man, mouse, pot, pan, potato.

Year VI Pictures: bear, chair, hair, pear, cat, bat, hat, rat, mat, tree, bee, key, knee, man, pan, can, fan.

### VISUAL DISCRIMINATION

Item 2

Materials:

Year II Three shape form board.

Year III Blocks.

Year IV Blocks of different shapes: square, rectangle, triangle, circle.

Year V Felt shapes, or letters to use on flannel board.

## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING (continued)

### AUDITORY MEMORY

#### Item 3

Materials:

Year V Child's song that has a chorus.

Year VI Make up 12 nonsense words.

### VISUAL MEMORY

#### Item 4

Year II, III, IV Blocks.

Year V Prepare three sets of cards: each set includes one card 3-inches by 4-inches and one card that is 3-inches by 12-inches.

Set A On the 3-inch by 4-inch card put one letter, for example B, on the 3-inch by 12-inch card put six letters, one of which is a B.

Set B On the 3-inch by 4-inch card put one number, for example 9, and on the 3-inch by 12-inch card put six numbers, one of which is a 9.

Set C On the 3-inch by 4-inch card draw one shape, for example a star. On the 3-inch by 12-inch card draw five shapes (circle, square, rectangle, hexagon, star).

### VERBAL IMITATION

#### Item 5

Year III Make up 12 one syllable nonsense words.

Year IV Prepare 12 sentences of approximately nine words each.

### MOTOR IMITATION

#### Item 6

Year IV A crayon and four pieces of paper for each child.

Year V Blocks.

Year VI Select about three copying games like Follow-the-Leader, and learn them in order to use with the children.

## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING (continued)

AUDITORY RECEPTION

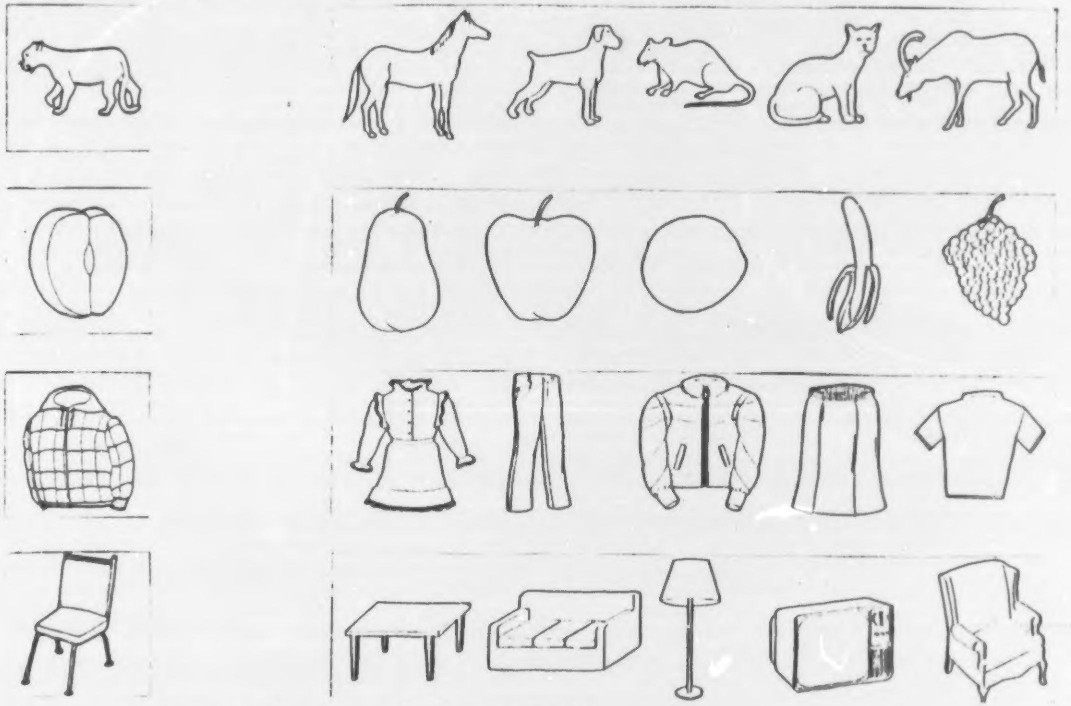
Item 7

| | |
|---|---|
| Year III | Blocks and small toy car. |
| Year IV | Colored blocks. |
| Year V | Make a list of 12 to 15 words for the children to define by function, like horse, fire, TV. |

VISUAL RECEPTION

Item 8

| | |
|---|---|
| Year II | Colored blocks. |
| Year III | Pictures of emotions: happy, angry, sad, worried, afraid. |
| Year IV | Five sets of pictures. |



| | |
|---|---|
| Year V | Capital letters made of cardboard, plastic or felt. |

## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING (continued)

### AUDITORY ASSOCIATION

#### Item 9

Year II Tape and tape recorder. Tape sounds so the children can tell you what made them such as: dog barking, phone ringing, car engine, water running, someone singing.

Year IV Prepare 5 sets of words like: (1) ball and apple, (2) horse and car, (3) orange juice and water, (4) shoe and shirt, (5) plane and bus.

Year V Prepare 8 comparison questions like: Which is colder, ice or coffee? Who is older, a baby or its mother? Which is bigger, a kitten or a dog? Which is heavier, a feather or a rock?

### VISUAL ASSOCIATION

#### Item 10

Year II Toys: cup and saucer, phone, drum, can opener, spoon, comb, toothbrush, towel.

Year III A total of 18 pictures to sort into categories: 6 food, 6 animals, and 6 toys.

| 1. Food | 2. Animals | 3. Toys |
|---|---|---|
| apple | dog | ball |
| bread | cat | bike |
| meat | horse | toy car |
| orange | cow | blocks |
| carrot | pig | telephone |
| lettuce | elephant | doll |

Year IV Pictures of eight sets of objects that go together:

1. Toothbrush and toothpaste
2. Hammer and nail
3. Comb and hair
4. Cup and saucer
5. Record and record player
6. Ball and bat
7. Pencil and paper
8. Bread and butter

Year V Pictures for comparison.

Set 1 Biggest, smallest
Picture 1. Elephant
Picture 2. Kitten
Picture 3. Horse

## MATERIALS FOR ASSESSMENT BY BEHAVIOR RATING (continued)

Set 2 Prettiest
  Picture 1. A ripped dress
  Picture 2. A dirty dress
  Picture 3. A clean dress

Set 3 Best
  Picture 1. Apple with a bite taken out.
  Picture 2. Apple with a worm in it.
  Picture 3. An apple.

Set 4 Oldest
  Picture 1. A baby
  Picture 2. A young man
  Picture 3. An old man

Year VI Blocks, pegs, or any small objects that can be used for counting.

VERBAL EXPRESSION
Item 11
Year III Select three story books that have lots of action pictures.

MANUAL EXPRESSION
Item 12
Year III Clay for each child.

Year V Make paper bag puppets for three stories with which the children are familiar.

Year VI Paper and crayons for each child.

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February 11, 1983

Ms. Eileen Lehman
Special Education Program
Department of Education
Donohoe Building
400 Maryland Avenue, S.W.
Washington, DC 20202

Dear Ms. Lehman:

I am sending you the final report for project #G008101607, titled, "Analysis of Determinants Impacting on Educational Services of Handicapped Papago Students."

We sincerely appreciated your support and understanding of the needs for minor modifications that occur when investigators are involved with projects on an Indian Reservation.

The project staff is extremely pleased with the rather significant accomplishments, even though much more is needed and could be done.

Obtaining approval for straight research projects on the reservation has become exceptionally difficult. The Indians have many urgent needs and investigators have to combine the collection of data with some practical applications of the findings.

Fortunately, we were able to identify those primary factors that impact negatively on service delivery to handicapped children and provide the Papago leaders with applications that can assist in the upgrading of communication and program practices.

If you have any questions about the report, you can contact Dr. William Healey at (602)626-5902. I am continuing to serve as an unpaid consultant to the Papago programs, but I have not had a office at the University since the project terminated.

Sincerely,

Elizabeth Y. Sharp, Ph.D.
Project Director

EC 161806

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